

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000232494 3)))



H150002324943ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RAHBARAB & ASSOCIATES PLLC
Account Number : I20150000101
Phone : (305)224-1900
Fax Number : (305)224-1901

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: REZA@RAHBARANLLC.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROSPERI AVIATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
15 SEP 28 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 SEP 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015

S. YOUNG

H150002324943

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: PROSPER AVIATION, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REZA RAHBARAN

Name of Person

RAHBARAN & ASSOCIATES, PLLC

Firm/Company

333 SE 2ND AVENUE STE 2000

Address

MIAMI, FL 33131

City/State and Zip Code

REZA@RAHBARANLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REZA RAHBARAN

305

224 1900

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
Certificate of Status☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301FILED
15 SEP 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H150002324943

H150002324943

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROSPER AVIATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/20/2015 and assigned
Florida document number L15000143136

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H150002324943

H150002324943

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIA A. SANDOVAL SIERRA	1110 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 430-O	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
AMBR	JOSE G PROSPERI AGOSTINI	1110 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 430-O	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
AMBR	GONZALO JOSE PROSPERI AGOSTINI	1110 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 430-O	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 SEP 8 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H150002324943

15 SEP 28 AM 10 3
SECRETARY OF STATE
TALCASS E. FLOR

FILED
SEP 28 AM 10:30
15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H150002324943