## 117000109763

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21 AUG 16 PH 3: 25

## **COVER LETTER**

TO: Registration S Division of Co				
	ospect LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Jack Dunn			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
New Prospect LLC				
Firm/Company				
7757 Suncoast Drive				
		Address		
		North Fort Myers, FL 33917		
		City/State and Zip Code		
		Dunnanddunn@icloud.com to be used for future annual report noti	(Tanks)	
For further information	concerning this matter, please c		ncation)	
	: Dunn	239 841-2925		
Name of Person		at () Area Code Daytim	e 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)	
<u>Mailing Addr</u>	ess:	Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 AUG 16 PH 3: 25 New Prospect LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) May 17, 2017 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned Florida document number \_ I.17000109763 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: John Thomas Dunn Name of New Registered Agent: 7757 Suncoast Drive New Registered Office Address: Enter Florida street address North Fort Myers

## 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

John F. Dun

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 The state of the state of AMBR = Authorized Member 21 AUG 16 PH 3: 25 Address Type of Action Title Name Jack Dunn **AMBR** \_\_\_\_\_\_ ■Remove □ Change 7757 Suncoast Drive John Thomas Dunn **AMBR** North Fort Myers, FL 33917 \_\_\_\_ □Remove ☐ Change \_\_\_\_\_ Remove \_\_\_\_\_ □ Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 Add \_\_ \_ \_ \_ \_ \_ \_ Remove

\_\_\_\_\_ □Change

Typed or printed name of signee