

L17000139783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

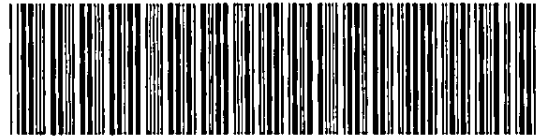
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000305318670

11/06/17 -01029--013 **25.00

FILED
17 NOV -6 PM12:54
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

NOV 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prospection Research, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Martuscello

Name of Person

Prospection Research

Firm/Company

401 Ocean Drive #1104

Address

Miami Beach, Florida 33139

City/State and Zip Code

jason@prospectionsciences.com

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

For further information concerning this matter, please call:

Jason Martuscello 518 5772004

Name of Person at () 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 32301

Prospection Research, LLC

The Articles of Organization for this Limited Liability Company were filed on June 28, 2017 and assigned Florida document number 1,170,001,39783.

Prospection Sciences, LLC

(Principal office address MUST BE A STREET ADDRESS)

-401 Ocean Drive #1104

Miami Beach, Florida 33139

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Later Florida street address

648

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

17 NOV - 6 PH12:54
 STATE OF FLORIDA
 Registered Agent

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

NOV 6 PM 12:54
STATE OF FLORIDA
DEPT OF STATE
FALL AVE SE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 2, 2017

Typed or printed name of signee

Filing Fee: \$25.00

FILED
17 NOV -6 PM 12:54
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
FALLA STREET, FLOIDA