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### **COVER LETTER**

Div	ision of Cor	porations 3		
en in it eer		Realty Holdings, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		Scott Rosen, Esq.		
			Name of Person	
		Scott Rosen, PA		
			Firm/Company	<del></del>
		1919 NE 45 Street, Suite 1	14	
			Address	
		Fort Lauderdale, FL 3330	8	
			City/State and Zip Code	
		srosen@srosenlaw.com		
		E-mail address; (	to be used for future annual report not	ification)
For further is	nformation c	oncerning this matter, please ca	aft:	
Scott Rosen	, Esq.		954 915-0510 (;	
	Name o	l Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.001	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:

TO:

Registration Section

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

## TO ARTICLES OF ORGANIZATION OF

Prosperity Realty Holdings, LLC

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

he Articles of Organization for this Limited I	.iability Company were filed on Octol	ber 11, 2017	and assi
orida document number 1.17000211000			
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability company here	<b>:</b>	
e new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the	abbreviation "L.1
ter new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE	ET ADDRESS)	<del></del>	
nter new mailing address, if applicable:			
lailing address MAY BE A POST OFFICE	<u></u>	<del></del>	_
If amending the registered agent and gistered agent and/or the new registered of		our records, <u>ent</u> e	er the name o
gistered agent and/of the new registered of	office address here.		
Name of New Registered Agent:	Paul R. Sandhu		
New Registered Office Address:	731 N US Highway I		
isen negatived office reducia.	Enter Floride	a street address	
	Tequesta	Florida	33469
	City		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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of
MGR	Robert Hartman	6633 N. Lincoln Avenue Lincolnwood, IL 60712	
			■ Rem
			Chan
MGR	Mark S. Hartman	6633 N. Lincoln Avenue Lincolnwood, II. 60712	■ Add
			□ Remo
			Chang
MGR	Rajendra Bansal	731 N. US Highway 1 Tequesta, FL 33469	■ Add
			□ Remov
			☐ Change
MGR	Paul R. Sandhu	731 N. US Highway I Tequesta, FL 33469	■ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
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ffecti	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis
locum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl
The	90th day after the record is filed.
Dated	tebrany 4. 2019.
	Pad Q Sadda
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Paul R. Sandhu
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00