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.

(((H21000459041 3)))



H210004590413ABC-

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 : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

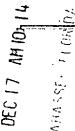
: (855)498-5500

Fax Number

: (800)432-3622

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

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROSPERRIA LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

DEC 2 0 2021 A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

Taylor Seay 8004323622

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000459041 3

Prosperria LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recorde	<u>n</u>	
The Articles of Organization for this Limited Liability Company Florida document numberL18000020685	,	and assigned	
This amendment is submitted to amend the following:		7 AM 10: 1	
A. If amending name, enter the new name of the limited liabi	lity company here:	Ö.	
The Power of Pink Equestrian Center LLC		1	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 uddress MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter t</u>	the name of the new register	
New Registered Office Address:	Enter Florida street address	,	
	, Florida		
	City, r 10	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agreence or ovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, 1	d I am familiar with and F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

H21000459041 3

_ Change

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			Петюve
			□ Change
			□Add
			□Rетюче

H21000459041 3

				
			<u> </u>	
 		 -		
				
				
-	 :	<u>_</u> _	<u> </u>	
		-		2021
				DEC
				7
· · · · · · · · · · · · · · · · · · ·				7
		·		
			 	
	_			
ctive date, if other than the da	ite of filing:		(optional)	
effective date is listed, the date must be : If the date inserted in this block	e specific and cannot be prior	to date of filing or more	than 90 days after filing.) P	ursuant to 605.02
ment's effective date on the Depa	ertment of State's records.	able smanory timing i	equirencine, and the wa	, ii got de nade
cord specifies a delayed effective d filed.	ate, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The 9	10th day after ti
December 16	2021			
		Clu	ristopher T. Walton	

Filing Fee: \$25.00