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(R	equestor's Name)	_
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	BCR Real I	Estate School LLC		
		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Sallie Wagner		
			Name of Person	
		BCR Real Estate School L	LC	
			Firm/Company	
		6222 Ikes Cabin Court		
		<u> </u>	Address	
		Pałmetto, FL 34221		
			City/State and Zip Code	
		sdcolaco@yahoo.com		
		E-mail address: (to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please ca	all:	
Sallie Wagne	er		816 616-5403	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
Reg Div P.C	iling Address gistration Station of C O. Box 632 lahassee, l	Section orporations 7	Street Address: Registration Solvision of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCR Real Estate School 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 $\frac{8/12/2019}{1}$ and assigned Florida document number $\underline{L1900}$ 0205028 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prosperity Real Estate School LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) S 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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>	Address	Type of Action
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			Change
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			□ Remove
			Change
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			Change Signal Add
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ective date, if other than the date of filing:				_(optional)		
neffective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the	be prior to date e applicable s	e of filing or n tatutory filir	iore than 90 di ig requireme	ays after filing nts, this date) Pursua will no	int to 605.9 it be liste
tument's effective date on the Department of State's r	ecords.					
cord specifies a delayed effective date, but not an effe s filed.	ective time, a	t 12:01 a.m.	on the earlie	er of: (b) Ti	ie 90th	day after
ed February 12 2020						
Anthi Chlassignature of a member	or authorized	representative	of a member			_