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COVER LETTER

Division of Co			•
Abundant SUBJECT:	Prosperity LLC		
30BJC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mariajose Orozco		
		Name of Person	
		Firm/Company	
	23834 SW 107th Place		
		Address	
	Homestead, FL 33032	City/State and Zip Code	
	mjo_miami@yahoo.com	to be used for future annual report no	otification)
For further information of	concerning this matter, please of	·	,
Mariajose Orozco		786 325-3124	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	action
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	77	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Abundant Prosperity LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L20000019420	any were filed on 01/13/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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	<u> </u>	
Enter new mailing address, if applicable:		FIL DZDFEB 18 SEPARAS
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florie	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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

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
Presiden	Mariajose Orozco	23834 SW 107th Place Homestead, FL 33032	■Ađd
			□Remove
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	,		□Remove
			□Change

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective date Note: If the date	e, if other than the date of filing:
the record specificant is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
^	EBUARY 10 2020
_	Signature of a member or authorized representative of a member
_	Typed or printed name of signee

Filing Fee: \$25.00