L20000034283

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SECRETARY OF STATE SECRETARY OF CORPORATIONS
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· COVER LETTER

Division of Cor		•	-
	ERITY LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	GABRIELA SANCHEZ V	EGAS	
		Name of Person	
	CAPNEL S	Firm/Company	
		Firm/Company	
	7928 EAST DRIVE APT 9	904	
		Address	
	NORTH BAY VILLAGE.	FL 33141	
	 	City/State and Zip Code	·
	gsanchezvegas@me.com		
		to be used for future annual report not	(fication)
For further information c	concerning this matter, please ca	alt:	
Gabriela Sanchez Vegas		305 815-2697 at ()	
Name o	t Person	Area Code Daytin	ne 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 Registration		<u>Street Address:</u> Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TA PROSPERITY LLC

(Same 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 Com	pany were filed on	01-10-2020	and assigned
			<u> </u>
Florida document number L20000024283			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	e:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		
			<u> </u>
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our rec	ords, <u>enter the name</u>	e of the new register
Name of New Registered Agent:			
New Registered Office Address:	:		
	Enter Florid	da street address	
		, Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		

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, <u>enter the title, name, and address of each person_being adde</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PATRICIA VERA	6902 NW 166 TERRACE, MIAMI LKS, FL 33014	= Add
			□Remove
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ote: If the date inse	ner than the date of filed, the date must be specifically the date must be specifically the does not date on the Department of	of meet the applicable ${ m s}$	e of filing or more than 90 statutory filing requirer	(optional) days after filing.) Pursuant to nents, this date will not be	605.0207 listed as
record specifies a de is filed.	layed effective date, but i	not an effective time, a	n 12:01 a.m. on the ear	lier of: (b) The 90th day a	fter the
atedAPRIL 26		, 022			
		f a member or authorized			