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	gistration Serision of Corp			
SHR IFCT:	PREPARE	& PROSPER LIMITED LIAI	BILITY COMPANY	i
SOBJECT.		& PROSPER LIMITED LIAI Name of Lin	nited Liability Company	
The enclosed	d Articles of z	Amendment and fee(s) are sub	omitted for filing.	
Please return	i all correspoi	ndence concerning this matter	to the following:	
		RAEKWON WILLIAMS		
			Name of Person	
		RAEKWON MARKEL W	TILLIAMS LLC	
jew .	•		Firm/Company	
name		15769 GLEN WILLOW L	N	
			Address	
		WELLINGTON, FL 3341	4	
			City/State and Zip Code	
		realestatebyroc@gmail.com		
For further in	oformation co	E-mail address: (oncerning this matter, please c	to be used for future annual report n	otification)
		·	an.	
RAEKWON	WILLIAMS		904 322-0307 at (
	Name of	Person	Area Code Dayı	ime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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	ling Address	- ection	Street Address: Registration S	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
-	lahassee, F.			Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREPARE & PROSPER LIMITED LIABILITY COMPANY

(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 MARCH 30, 2021 and assigned Florida document number L21000147500 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RAEKWON MARKEL WILLIAMS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15769 GLEN WILLOW LN Enter new principal offices address, if applicable: WELLINGTON, FL 33414 (Principal office address MUST BE A STREET ADDRESS) 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

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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Effec	ve date, if other than the date of filing:
Note:	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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docur	ent's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is t	ed.
Datec	December 9 2021.

Typed or printed name of signee