## L21 000 203885

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |





400365437894

05/15/21--01009--016 \*\*25.00

12/23/2 00

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: 1975 Prosper LLC.  Name of Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Aldo P. Capito  Name of Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1975 Prosper LLC<br>Firm/Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Firm/Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5987 NW Baynard Dr. Port Saulint Lucie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Port Schot Live, FL 34986  City/State and Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1975) rosper-11c (a) 9mail (om<br>E-mail address: (to be used for future annual report notification)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| For further information concerning this matter, please call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Aldo P. Capato at 772 4805477  Name of Person Area Code Daytime Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Enclosed is a check for the following amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ✓ Significate of Status  Certificate of Status & Certifica |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

| 1975 Prosper LLC                                                                                                                                                                                                                                                                                                            |                                                                |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------|
| (Name of the Limited Liability Compa-<br>(A Florida Limited L                                                                                                                                                                                                                                                               | ty as it now appears on our recordinability Company)           | <b>S</b> )                                             |
| The Articles of Organization for this Limited Liability Company Florida document number                                                                                                                                                                                                                                     | were filed on Nay 03.                                          | 202] and assigned                                      |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                         |                                                                |                                                        |
| A. If amending name, enter the new name of the limited liabi                                                                                                                                                                                                                                                                | lity company here:                                             |                                                        |
| The new name must be distinguishable and contain the words "Limited Liabile                                                                                                                                                                                                                                                 | ity Company," the designation "LLC"                            | " or the abbreviation "L.IC."                          |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                                         | <del></del>                                                    | · · · · · · · · · · · · · · · · · · ·                  |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                                         |                                                                |                                                        |
|                                                                                                                                                                                                                                                                                                                             |                                                                |                                                        |
|                                                                                                                                                                                                                                                                                                                             |                                                                |                                                        |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                                   |                                                                | <del></del>                                            |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                  |                                                                |                                                        |
|                                                                                                                                                                                                                                                                                                                             |                                                                |                                                        |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:                                                                                                                                                                                                         | ddress on our records, <u>enter</u>                            | the name of the new registered                         |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                               |                                                                | 640)<br>4.22                                           |
|                                                                                                                                                                                                                                                                                                                             |                                                                | <del></del>                                            |
| New Registered Office Address:                                                                                                                                                                                                                                                                                              | Enter Florida street address                                   | 5                                                      |
|                                                                                                                                                                                                                                                                                                                             | FL                                                             | orida                                                  |
|                                                                                                                                                                                                                                                                                                                             | City                                                           | Zip Code,                                              |
| New Registered Agent's Signature, if changing Registered Agent:                                                                                                                                                                                                                                                             |                                                                | 7                                                      |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my duties, an<br>provided for in Chapter 605, i | nd I am familiar with and F.S. Or, if this document is |
|                                                                                                                                                                                                                                                                                                                             |                                                                |                                                        |

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>   | <u>Address</u>       | Type of Action |
|--------------|---------------|----------------------|----------------|
| Manager      | Liping Caputo | 5987 NW Baynard Dr.  | □Add           |
|              |               | Port Saint Lucie, FL | 🗷 Remove       |
|              |               | 34986                | □Change        |
| Manager      | Lee Capinto   | 5987 NW Baynard Dr   | □Add           |
|              |               | Port Sount Livie, Fl | ⊠Remove √      |
|              |               |                      | □Change        |
|              |               |                      | □Add           |
|              |               |                      | □Remove        |
|              |               |                      | Change         |
|              |               |                      | □Add           |
|              |               |                      | CRemove        |
|              |               |                      |                |
|              |               |                      | □Add           |
|              |               |                      | □Remove        |
|              |               |                      | □Change        |
|              |               |                      | □Add           |
|              |               |                      | □Remove        |
|              |               |                      | □ Channe       |

|                     | Lemove Liping Caputo and Lee Caputo from                                                                                                                                        |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| l                   | manager position. Liping is a full time                                                                                                                                         |
|                     | employee, Lee is a part time employee.                                                                                                                                          |
|                     | Aldo P. Caputo is the manager and the                                                                                                                                           |
|                     | representative of 1975 prosper LLC.                                                                                                                                             |
|                     |                                                                                                                                                                                 |
|                     |                                                                                                                                                                                 |
|                     |                                                                                                                                                                                 |
| effectiv            | date, if other than the date of filing:                                                                                                                                         |
| ument'              | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records. |
| cord sp<br>s filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after                                                            |
| ed                  | 5/15/2021                                                                                                                                                                       |
|                     | aww P Cerput                                                                                                                                                                    |
|                     | Signature of a memoer or authorized are presentative of a member                                                                                                                |

Filing Fee: \$25.00