L21000350818

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/06/2021				⇔WALK IN	Palente
ENTITY NAME PROSP	ER FONTANAROSA H	OMES, LLC			_
DOCUMENT NUMBER_					- -
	PLEASE FILE THE A	TTACHED AND RETUI	RN		
<u>xxxxx</u>	Plain Copy Certified Copy Certificate of Status				
***	CLEASE OBTAIN THE FOLLO		LE ENTITY**		
	Certified Copy of Arts & 1 Certificate of Good Standing				
	APOSTILLE' / NOTA	ARIAL CERTIFICATI	ON		
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT				-	
TOTAL OWED \$25.00		5.	#: 120160000072 BH		
Please call Tina at th	e above number for any	issues or concerns.	Thank you so m	uch!	

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

ited Liability Company
mitted for filing.
to the following:
Name of Person
LP
Firm/Company
1450
Address
4
City/State and Zip Code
to be used for future annual report notification)
all:
305 740-1964
at ()
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prosper Fontanarosa Homes, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on August 3, 2021	and assigned
Florida document number 1.21000350818		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	he 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:		
(Mailing address MAY BE A POST OFFICE BOX)		, t.
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
 -	City	Zip Code

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.

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
MGR	Prosper Fontanarosa Manager, LLC	1040 Biscayne Boulevard, Suite 2101	= Add
		Miami, Florida 33132	□Remove
			□Change
AP	Justin Roberts	1040 Biscayne Boulevard, Suite 2101	=Add
		Miami, Florida 33132	□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
-		
Effective date, if other than the fan effective date is listed, the date magnetic and the second sec	he date of filing:	at to 605.0207 be listed as
record specifies a delayed effect d is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ay after the
Dated August 5	. 2021	
/s/ Justin Roberts		
	Signature of a member or authorized representative of a member	
Justin Roberts		
	Typed or printed name of signee	