## L22000337371

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## **COVER LETTER**

TO: Registration Se Division of Co			. •
SUBJECT:			•
	Prosper LPZ, LLC Name of Limited Liability Company  s of Amendment and fee(s) are submitted for filing.  espondence concerning this matter to the following:  Michael López Name of Person  Prosper LPZ, LLC FinniCompany  29239 Citrus Trace Way Address  Wesley Chapel FL 33545  City/State and Zip Code  michael stevens 4@ hotmail.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (561)  Area Code  Daytime Telephone Number  for the following amount:		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael	LÓPEZ Name of Person	
	Prosper	Firm/Company	
	29239 (	itrus Trace Way	<b>J</b>
	Wesley michael st	Chapel FL 335 City/State and Zip Code	145 mil.com
			fication)
For further information of	concerning this matter, please co	all:	
Michael Name o	Lopez of Person	at ( <u>561</u> ) <u>876-</u> Area Code Daytim	8318 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	<del>_</del>	Certified Copy	Certificate of Status & Certified Copy

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 ARTICLES OF ORGANIZATION FILED **OF**

Pro	spor LPZ	110-	2022 JUN 24 P	M 2:40
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	iour. records.)	
	Liability Company v 23737/			
A. If amending name, enter the new name	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the desig	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
agent and/or the new registered office addr.	ess here:			e of the new register
Name of New Registered Agent:		ider Mp	<u> </u>	
New Registered Office Address:	2923	39 Citrus Enter Florida	S Trace W street address	ay
	Wesle	y Chapel	company) $\frac{1/11/2}{3/2022}$ and assigned	
Name Descriptional Associate Company of abouting	Danistand Lyante			

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 ti 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>	<u>Address</u>	Type of Action
Manager	Michael Lapez	29239 CitrusTrace Way Wesley Chapel FL 33545	MAdd
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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d is filed.		yed effective d			ve time, at	12:01 a.m. (	on the earl	ier of: (b)	The 90	th day af	ter the
Dated	6/19	1202	2		<u></u> .						
				$\mathcal{X}$	7 _						
		Si	gnature of a r	nember or a	uthorized re	presentative	of a memb	er			