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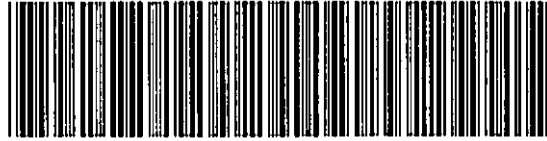
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DEPARTMENT OF STATE
DIVISION OF DOCUMENTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROSPERITY FUND 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:

Thomas S. Gallagher, Esq.

Name of Person

Thomas S. Gallagher, Esq.

Firm/Company

66 Larchmont Avenue

Address

Larchmont, New York 10538

City/State and Zip Code

thomasgallagher66@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas S. Gallagher, Esq.

914 417-7977
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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RECEIVED
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROSPERITY FUND LLC

(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 JUNE 16, 2022 and assigned
Florida document number 1.22000242331.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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

_____, **Florida** _____
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 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>	<u>Type of Action</u>
MGR	ARIEL FISHMAN	5005 COLLINS AVENUE, APT. #721	<input type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YALE FISHMAN	5005 COLLINS AVENUE, APT. #721	<input type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS S. GALLAGHER	66 LARCHMONT AVENUE	<input type="checkbox"/> Add
		LARCHMONT, NEW YORK 10538	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PROSPERITY FUND MANAGEMENT LLC	5005 COLLINS AVENUE, APT. #721	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CONSUMER AFFAIRS

1. **Introduction:** This document provides a detailed overview of the project's objectives, scope, and the methodology employed for data collection and analysis. The primary goal is to assess the impact of the intervention on the target population.

2. **Methodology:** The study utilized a mixed-methods approach, combining quantitative surveys with qualitative interviews. Data was collected from a representative sample of the target population over a period of six months.

3. **Results:** The quantitative data indicates a significant positive impact of the intervention, with a 15% increase in the measured outcome. Qualitative feedback from participants further supports these findings, highlighting the effectiveness of the program.

4. **Conclusion:** The results of this study suggest that the intervention is highly effective in achieving its intended goals. These findings have important implications for future research and practice in this field.

5. **Recommendations:** Based on the findings, it is recommended that the intervention be scaled up to reach a larger audience. Further research is needed to explore the long-term sustainability of the results.

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Division of Child Development

Effective date, if other than the date of filing. _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 24, 2022

Signature of a partner or authorized representative

THOMAS S. GALLAGHER, ESQ.

Typed or printed name of signee

Filing Fee: \$25.00