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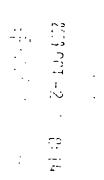
A. RIVERS

OCT 1 6 2023



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### **COVER LETTER**

TO:

Tallahassee, FL 32314

	ration Sec on of Corp				
PE SUBJECT:	ROSPERI	TY INVESTMENT PARTNE	ERS LLC		
30 <b>55</b> EC1		Name of Lin	nited Liability Company		
The enclosed Ai	rticles of A	Amendment and fec(s) are sub	omitted for filing.		
Please return all	correspor	ndence concerning this matter	to the following:		
		JUDSON ACELHOMME			
			Name of Person		
		PROSPERITY INVESTM	IENT PARTNERS LLC		
		<del></del>	Firm/Company	,	
		322 SW 7TH AVE			
			Address	<del></del>	
		DELRAY BEACH, FL 33	444		
		ajandsonsinc@gmail.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report no	otification)	
For further infor	mation co	ncerning this matter, please c	all:		
JUDESON ACELHOMME		561 255-2945			
Name of Person		Area Code Dayti	ime Telephone Number		
Enclosed is a che	eck for the	following amount:			
\$\frac{1}{25.00}\$ Filin	g Fee	S30.00 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)	
	Address:		Street Address:		
	ration Se	ection rporations	Registration Section Division of Corporations		
	ox 6327		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PROSPERITY INVESTMENTS PARTNERS 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 $\frac{06/20/2023}{1}$ and assigned Florida document number $\frac{L23000297066}{L23000297066}$ 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 "LLC." 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

#### 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
VP	DELHOMME, BILLYSCHNEIDER	2200 NW 17TH ST	□Add
		DELRAY BEACH, FL 33445	■Remove
			□ Change
VP	SAINT LOUIS, SAINT GERARD	508 NW 9TH AVE	<b>≣</b> Add
		BOYNTON BEACH, FL 33435	□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
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ffective date, if other than the d an effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	e specific and cannot be prion k does not meet the application.	r to date of filing or more to cable statutory filing rec		
record angulfing a delegad affective	date, but not an effective t	time, at 12:01 a.m. on th	ne earlier of: (b) The 90t	h day after the
l is filed.				
is filed.	2023	·		
is filed. SEPTEMBER 28 ated	2023	·	,	
	komma	norized representative of a	nember	

Filing Fee: \$25.00