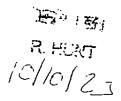
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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CAPITAL CONNECTION, INC.

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Prosper Fulfillment LLC		
Please Debit FCA00000003 For: 25		
Thank you Seth Neeley		
1-4-1		
	Art of Inc. File	2023 (9.1
P	LTD Partnership File	- :
	Foreign Corp. File	
	L.C. File	
	Fictitious Name File	_ :
	Trade/Service Mark	F1 2:40
	Merger File	0
	Art, of Amend, File	_ -
	RA Resignation	
	Dissolution / Withdrawal	
	Annual Report / Reinstatement	_
	Cert. Copy	
	Photo Copy	
	Certificate of Good Standing	·
	Certificate of Status	<u> </u>
	Certificate of Fictitious Name	
	Corp Record Search	
/ .	Officer Search	
	Fictitious Search	
Signature	Fictitious Owner Search	
organical of	Vehicle Search	
	Driving Record	
Requested by:	UCC 1 or 3 File	
None Dec	UCC 11 Search	
Name Date 1	Cime UCC 11 Retrieval	_
Walk-In Will Pick Up _	Courier	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROSPER FULF	· · · · · ·	
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Company Florida document number L23000427296	y were filed on SEPTEMBER 12, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	600 CLEVELAND ST., STE. 363	
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER, FL 33755	28
		فية -
Enter new mailing address, if applicable:	600 CLEVELAND ST., STE. 363	
Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER, FL 33755	1
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	me of the new register
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 Title Name <u>Address</u> Type of Action _____ DAdd _____ □Remove _ Change _ Change ______ DAdd __ Change __ DAdd __ 🗆 Remove _____ DAdd _ 🗆 Remove

Page 2 of 3

				 	
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Tective date, if oth in effective date is listed on the date insersective date insersective d	er than the date of f I, the date must be specific ted in this block does n ate on the Department	illing: c and cannot be prior not meet the applica of State's records.	to date of filing or mo ble statutory filing	(option re than 90 days after fi requirements, this c	al) ing.) Pursuant to 605.026 ate will not be listed a
record specifies The 90th day afto	a delayed effectiver the record is file	re date, but not ed.	an effective tir	ne, at 12:01 a.r	n. on the earlier o
		2023		M	
OCTOBER 2	Signature	MAAKA	ANN A		