123000546011

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(Address)
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(10.000)
(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	rosperity Name of Lim	Crafts LL ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rha	ndu Billie Name of Person	
	<u>Prosper</u>	(+) Crad+S LLC Firm/Company	
	HC 611	BOL W - 2500 Address	
	OCHOP	City/State and Zip Code	<u> </u>
	Prosperity	City/State and Zip Code CraftSILD 6 to be used for future annual report noti	ail.Com
For further information c	E-mail address:		2 6
Rhanda B'	of Person	at (305) 403 - Area Code Daytime	8719 PH 33
Enclosed is a check for the	he following amount:		les
\$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	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Prosperity Craf	to rec
(A Florida Lim	ompany as it now appears on our records.) inted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2300546011</u> .	pany were filed on $12/11/23$ and assigned
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	<u>s)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2024 Jan 23 PH
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
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 Ag	gent:

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	RHonda Billie	HC 61 BOX W-2500	ŒAdd
		HC 61 Box W-2500 Ochopee, FL 34141	□Remove
			□Change
		 	□Add
			🗆 Remove
			□Change
			□Add
			PRemove Control Contr
			DAdd D
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if neo	essary.)		
			
		~1	
		20/14	eser-wy
	in f	JAN 2	EMD-478
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	ional) Pursu r filing.) Pursu is date will h	23 Pgant to 605 ot belist 30	0.0207 (3)(b) ed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (cord is filed.	b) The 90th	day afte	r the
Dated 1/16/24 4:52 Pm			
NAS-			
Signature of a member or authorized representative of a member			
Matthew Vincent Typed or printed name of signee			

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