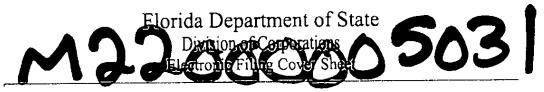
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Division of Corporations



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(((H22000146845 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mcleanlawpa@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROSPERITY SPRING GARDENS LLC

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C. BRUMBLEY

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April 21, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

PROSPERITY SPRING GARDENS LLC 7711 N MILIATRY TRAIL #214 PALM BEACH GARDENS, FL 33410US

SUBJECT: PROSPERITY SPRING GARDENS LLC

REF: M22000005031

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H22000144580

Regulatory Specialist II Supervisor Letter Number: 922A00009382

Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE (((H22000146845 3)))

AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Enter new principal office address (Principal office address (Principal office address (Principal office address (Principal office address) Enter new mailing address if applicable: (Mailing address (Mailing address (Mailing address (May BE A POST OFFICE BOX)) 2. The Florida document number of this limited liability company is: (M122000005031) 3. Jurisdiction of its organization: (Delaware (M172022)) 4. Date authorized to do business in Florida: (M172022) 5. SECTION II (5-9 complete only the applicable changes)	7022 APD 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2. The Florida document number of this limited liability company is: 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 04/01/2022	ZOZZ APD S
(Mailing address MAY BE A POST OFFICE BOX) 2. The Florida document number of this limited liability company is: 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 04/01/2022	FILED
2. The Florida document number of this limited liability company is: 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 04/01/2022	FILED 2022 APD CO
2. The Florida document number of this limited liability company is: M122000005031	FILED
4. Date authorized to do business in Florida: 04/01/2022	
4. Date authorized to do business in Florida:	
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OPECTION II (0.) combined and the abbushage and all all all all all all all all all al	
5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company." "L.L.C." or "LLC.")	10
6. If amending the registered agent and/or registered officer 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 limit liability company has been notified in writing of this change.	n

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aforementioned a	ificate, if required: no more than 90 da mendment(s), duly authenticated by th r the law of which this entity is organiz	e official having custody of records in the	□Remove
	Signature of the	authorized representative	

Filing Fee: \$25.00