

M23000014351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

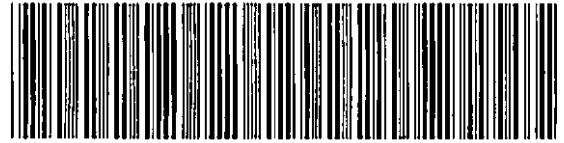
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500437348005

LLC Amend

2024 OCT 29 PM 12:23

2024 OCT 29 PM 12:23
CLERK OF STATE
TREASURY

FILED

A. RAMSEY

NOV 5. 2024

*00789, 00524, 00671

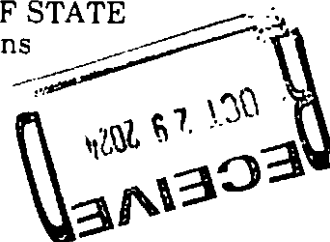


FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2024

JUSTIN WAXMAN
KENNER + IMPARATO PLLC
175 SW 7TH ST, OFFICE 2410
MIAMI, FL 33130

SUBJECT: PROLIFIC MANAGEMENT, LLC
Ref. Number: M23000014351



We have received your document for PROLIFIC MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a foreign LLC and your entity is a Florida LLC. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 924A00022643

KENNER + IMPARATO, PLLC
Attorneys at Law



175 SW 7th St., Office 2410
Miami, FL 33130
(305) 384-7370 Phone
(305) 455-5658 Fax

Adam B. Kenner, Esq.
Email: adam@ki-law.com
Steven A. Imparato, Esq.
Email: steven@ki-law.com

October 23, 2024

Sent via FedEx: (Tracking ID: 779460447329)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Prolific Management, LLC Change of Address

To whom it may concern,

Please find included with this correspondence the completed Change of Address form for a Foreign Florida LLC. Please note, the attached letter we received from the Division of Corporations explained that the original submission was incorrect for the reason stated: "It is for a foreign LLC and your entity is a Florida LLC. I have enclosed the correct form." However, this reason is backward. Prolific Management, LLC is a foreign LLC, and the original document submitted was for a change of address of a domestic LLC. The correct form that was provided along with the letter is for a change of address of a foreign LLC, which has been completed and included along with this correspondence. We wanted to clear this discrepancy to avoid any potential misunderstanding in processing this filing.

If you have any questions, please contact our office, or email my associate, Justin Waxman, Esq. (justin@ki-law.com). Thank you.

Sincerely,



Adam B. Kenner, Esq.
Attorney-in-Fact

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prolific Management, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Waxman
Name of Person
Kenner + Imperato PLLC
Firm/Company
175 SW 7th Street, Office 2410
Address
Miami, FL 33130
City/State and Zip Code

justin@ki-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Waxman at (305) 455 - 5656
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Prolific Management, LLC

Enter new principal office address, if applicable:

3301 North University Drive

(Principal office address
MUST BE A STREET ADDRESS)

Suite 100 #1155

Coral Springs, FL 33065

Enter new mailing address, if applicable:

3301 North University Drive

(Mailing address
MAY BE A POST OFFICE BOX)

Suite 100 #1155

Coral Springs, FL 33065

2. The Florida document number of this limited liability company is: M23000014351

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/07/2023

SECTION II (5-9 complete only the applicable changes)

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.")

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 limited liability company has been notified in writing of this change.

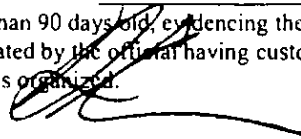
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Adam Kenner

Typed or printed name of signee

Filing Fee: \$25.00