## L1000054187

(Requestor's Name)
(Address)
, ,
(A) Luca
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO:

TO: Registrati Division o	on Section f Corporations	•	
POSI SUBJECT:	TIVE ALLIANCE LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sul	omitted for filing.	
Please return all cor	respondence concerning this matter	r to the following:	
	Lia Ester Rodriguez		
		Name of Person	
	Positive Alliance LLC		
		Firm/Company	
	10124 SW 77 Court		
		Address	
	Miami, Fl 33156		
	liamoses@yahoo.com	City/State and Zip Code	
		(to be used for future annual report not)	fication)
For further informat	tion concerning this matter, please of	call:	
Lia Ester Rodriguez	ı.	305 595-5927 at ()	
N	ame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ce 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)
R	IAILING ADDRESS: egistration Section ivision of Corporations	STREET/COURI Registration Section Division of Corpor	n

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POSITIVE ALLIANCE LLC		
(Name of the Lim	ited Liability Company as ते now appears on our reco (A Florida Limited Liability Company)	rds.)
	Liability Company were filed on May 19, 2010	and assigned
florida document number [1, 10000054187]	·	
his amendment is submitted to amend the fol	lowing:	
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 "LL	
Enter new principal offices address, if appli	cable:	E 2 6
Principal office address MUST BE A STRE.	ET ADDRESS)	
		10
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>
	l/or registered office address on our recor	ds, enter the name of the no
egistered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Lia Ester Rodriguez	
New Registered Office Address:	N/A - Same	
	Enter Florida street addr	73.7
		FloridaZıp Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Federico Perez		
		10124 SW 77 Ct, Miami F1, 33156	<b>≅</b> Remove
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			Add
		<del></del>	Remove
			☐ Change
			□ Remove
			Change
			Add
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fective date, if other than th	oo data of filing:		(	antional)	
n effective date is listed, the date note: If the date inserted in this	ust be specific and cannot	be prior to date of film	ig or more than 90 days	after filing.) Pursuar	
cument's effective date on the			y ming requirements	, this tiate will not	oc usicu i
record specifies a delay The 90th day after the re		but not an effec	tive time, at 12:1	01 a.m. on the	earlier
January 29 ted	2013	8			
	\. \ \ 1				
	10011-06	10100			

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Typed or printed name of signee

Filing Fee: \$25.00