L11000038460

	(Reque	estor's Name	·)		
	(Addre	ess)			
	(Addre	ess)			
	(City/S	state/Zip/Pho	ne #)		
PICK-U	P	WAIT	١	MAI	L
	(Busin	ess Entity Na	ame)		
	(Docur	ment Numbe	r)		
Certified Copies		Certificate	es of S	tatus	
Special Instruction	s to Fili	ng Officer:			

Office Use Only

B. KOHR

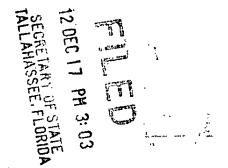
DEC 1 8 2012

EXAMINER



800242542478

12/17/12--01038--006 **25.00



COVER LETTER

DIA	ision of Cor	poracions		
aun in ca	Positive	Carry, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	•
		Matt Haverty		
			Name of Person	12 12 12 12 12 12 12 12 12 12 12 12 12 1
		Positive Carry, LLC		LAR E
			Firm/Company	
		2406 Fairmount Ave		PH 3: 03
			Address	
		Lakeland, FL 33803		ALLE ALLE ALLE ALLE ALLE ALLE ALLE ALLE
		matt.haverty@gmail.	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	ation)
For further is	nformation o	concerning this matter, please ca	all:	
Matt Hav	erty		863 712-1037	
	Name o	of Person	at ()Area Code & Daytime	Telephone Number
Enclosed is	a check for t	he following amount:		
■ \$25.00 F	iling 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)
	Regist	JNG ADDRESS: ration Section	STREET/COURIE Registration Section	

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

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Compa	ny as it now appears on o	ur records.)		
Florida Limited I				
iability Company	were filed on)11 and assigned		
,·		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
owing:		13.03 13.03		
f the limited liab	ility company here:			
		,		
th the words "Lim	ited Liability Company," th	e designation "LLC" or the abbreviation		
ahla:	2406 Fairmount Av	ve		
	Lakeland, FL 33803			
	Po Box 7753			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Lakeland, FL 33807		
ffice address her	ount Ave	cords, enter the name of the ne		
		33803		
	City	, Florida Zip Code		
	iability Company owing: If the limited liab th the words "Limited liab	th the words "Limited Liability Company," the cable: 2406 Fairmount Avanta Lakeland, FL 3380 Po Box 7753 Lakeland, FL 3380 for registered office address on our reffice address here: 2406 Fairmount Ave Enter Flot Lakeland		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Title** Name **Address** Remove Add Remove Add Remove Remove Remove

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• ,
Med Haveret
Signature of a member of authorized representative of a member Matt Havery Typed or printed name of signee
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00