

09/18/2016 14:06

(FAX)

P.001/0005

L16000157350

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : VOGEL LAW OFFICE, P.A.
Account Number : I20030000100
Phone : (239)262-2211
Fax Number : (239)262-8330

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

Email Address: ChrisW@Vogel-Law.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POSITIVE PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2016 SEP 19 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 19 AM 11:41

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Electronic Filing Menu

Corporate Filing Menu

K. SALY Help
EXAMINER

SEP 20

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Positive Properties LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Wohlbrandt
Name of Person

Vogel Law Office
Firm/Company

4099 Tamiami Trail North Suite 200
Address

Naples, Florida 34103
City/State and Zip Code

chrishw@vogel-law.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Wohlbrandt at (239) 262-2211
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

POSITIVE PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/22/16 and assigned
Florida document number L16000157350.

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)

4099 Tamiami Trail North
Suite 200
Naples, Florida 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4099 Tamiami Trail North
Suite 200
Naples, Florida 34103

B. If amending the registered agent and/or registered office 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:

Chris Wohlbrandt

New Registered Office Address:

4099 Tamiami Trail North Suite 200

Enter Florida street address

Naples, Florida 34103

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

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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

Title	Name	Address	Type of Action
MGR	Michael LaBelle	6017 Pine Ridge Rd	<input type="checkbox"/> Add
		*304	<input checked="" type="checkbox"/> Remove
		Naples FL 34119	<input type="checkbox"/> Change
AR	Chris Wohlbrandt	4099 Tamiami Trail North	<input checked="" type="checkbox"/> Add
		Suite 200	
		Naples, FL 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Sept 16, 2016

Signature of a member or authorized representative of a member

Michael Brandt
Typed or printed name of signer
Auth Rep