# L16000160306

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### **COVER LETTER**

# Registration Section Division of Corporations

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JECT:	Name of Limited Liability Company
nclosed Articles of	Amendment and fee(s) are submitted for filing.
e return all correspo	ondence concerning this matter to the following:
	Stephen Marcinuk
	Name of Person
	SteamArc Enterprises, LLC
	Firm/Company
	7301 NW 1st Street, Apt 207
	Address
	Margate, FL 33063
	City/State and Zip Code SteveMarcinuk@gmail.com
	E-mail address: (to be used for future annual report notification)
rther information c	oncerning this matter, please call:
en Marcinuk	203 309-0093 at ()
Name o	f Person Area Code Daytime Telephone Number
sed is a check for the	ne following amount:
25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SteamArc Enterprises, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 08/26/2016	and assigned
orida document number L16000160306		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
et Positive Agency, LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		27.02
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nter new mailing address, if applicable:		~ ·
Aailing address MAY BE A POST OFFICE BOX)		77 77
Talling dudiess MAX BEAT OST OFFICE BOXY		~~~~~
		<u> </u>
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	City	Zip Code
w Registered Agent's Signature, if changing Registered Agent:		
ereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ping filed to merely reflect a change in the registered office mpany has been notified in writing of this change.	performance of my duties, and l provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		<del> </del>	□Remove
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tive date, if other than the	date of filing:			(optional	1)
tive date, if other than the ffective date is listed, the date must. If the date inserted in this bloom	t be specific and cannot be princed does not meet the appli-	or to date of fil	ing or more than	n 90 days after filin	g.) Pursuant to 605.0
ment's effective date on the De			. y mmg requ	nements, this dat	e will not be listee
cord specifies a delayed	l effective date, but r	ot an effe	ctive time,	at 12:01 a.m	. on the earlier
e 90th day after the reco	ora is filea.				
September 23	2020				
1	<u> </u>	<u> </u>	aller	AM	a
	Signature of a member or au	thorized repres	entative of a m	ember	<del>-</del> 4
	organizate of a member of ag	monate repres			

Page 3 of 3