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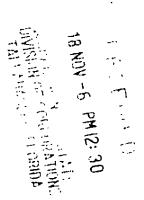
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** College Park Contractors, LLC SUBJECT: 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: Leo Nagy Name of Person College Park Contractors, LLC Firm/Company 114 W. Par St. Address Orlando, Florida, .32804 City/State and Zip Code leonagy@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 430 3800 Lco Nagy Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & 37 Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is encl-STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

College Park Contractors, LLC				<u></u>	
( <u>Name of the Lim</u>	(A Florida Limited	any as it now appear Liability Company)	s on our records.)		
he Articles of Organization for this Limited I		y were filed on 09/	22/2016	and ass	signed
lorida document number L16000177683	<del></del> ·				
his amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name	of the limited lial	bility company he	<u>re</u> :		
toof Positive Florida, LLC					
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de	esignation "LLC" or the	abbreviation "L	.,L.C."
nter new principal offices address, if appli	cable:	Same		· ·- ·-	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		Same		7.3 13 10Ht	<del>- 11</del>
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. If amending the registered agent and	d/or registered (	office address on	our records, ente	r the name	of the
egistered agent and/or the new registered	omice address ne	<u>re</u> .		ထ္	U
Name of New Registered Agent:	Leo Nagy			. U	
New Registered Office Address:	114 W. Par St.				
New Negistered Office Address.		Enter Flor	ida street address		
	Orlando		, Florida _	32804	
		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>	<u>Address</u>	Type of Action
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ffective date, if other than th	e date of filing	November 7,		(6	optional)	
ffective date, if other than the an effective date is listed, the date made in this because if the date inserted in this because it's effective date on the light of the light	ust be specific and block does not it	cannot be prior to neet the applicab	date of filing or de statutory fil	more than 90 days ing requirements	after filing.) Pursu , this date will no	ant to 605.020 of be fisted a
e record specifies a delaye The 90th day after the re	ed effective d cord is filed.	ate, but not	an effective	e time, at 12:0	01 a.m. on th	
November 7		2018				9- NET 8-2
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00