

120000140540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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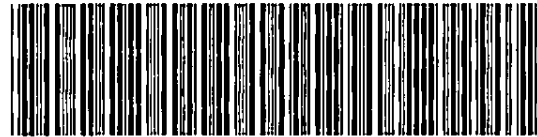
Special Instructions to Filing Officer:

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RECEIVED

2021 JUL -6 PM 3:30

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2021

SAMUEL DIAZ II  
51 LOUISIANA DRIVE  
PALM COAST, FL 32137

SUBJECT: THE 3 POSITIVES LLC  
Ref. Number: L20000140540

We have received your document for THE 3 POSITIVES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call: (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 321A00013304

A 11:20

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THE 3 POSITIVES LLC

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

The Articles of Organization for this Limited Liability Company were filed on MAY 16, 2020 and assigned  
Florida document number L20000140540.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

51 LOUISIANA DRIVE

(Principal office address MUST BE A STREET ADDRESS)

PALM COAST

FLORIDA 32137

Enter new mailing address, if applicable:

51 LOUISIANA DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

PALM COAST

FLORIDA 32137

**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:

MARISELY DIAZ

New Registered Office Address:

51 LOUISIANA DRIVE

*Enter Florida street address*

PALM COAST

Florida

32137

*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>	<u>Type of Action</u>
AMBR	FLORENCE D PERUYERO JR	37 FARRAGUT DRIVE	<input type="checkbox"/> Add
		PALM COAST	<input checked="" type="checkbox"/> Remove
		FLORIDA 32137	<input type="checkbox"/> Change
MGR	MARISELY DIAZ	51 LOUISIANA DRIVE	<input checked="" type="checkbox"/> Add
		PALM COAST	<input type="checkbox"/> Remove
		FLORIDA 32137	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

NO OTHER CHANGES AT THIS TIME

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

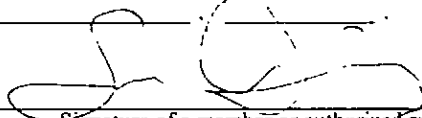
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 APRIL 28

2021



Signature of a member or authorized representative of a member

E. SAMUEL DIAZ, II

Typed or printed name of signee

**Filing Fee: \$25.00**