121000016240

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	IAIL
(Business Entity Name)	
(Document Number)	
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Palm Kings L. ((<u>Name of the)Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	- <u>-</u>
The Articles of Organization for this Limited Liability Company w Florida document number $\underline{L21000016240}$.	were filed on $1/05/303$	<u>]</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability</u> <u>321 Positive Penny LLC</u> . The new name must be distinguishable and contain the words "Limited Liability		previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
A TOST OFFICE BOX		
B. If amending the registered agent and/or registered office ad	dress on our records enter the name	of the new registered
agent and/or the new registered office address here:	entre de l'écologies entre de name	
		1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>5</u>
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	, Florida	
New Device and A and Street and the second second	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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
•			🖸 Add
			□Change
			🗆 🖂 🖂 Add
			🗌 Remove
		- <u></u>	🗆 🖂 Add
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			□Change

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

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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)
<u>Note:</u> 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 Febuary 1st . 2021.	-
alp R	
Signature of a member or authorized representative of a member	
Tacab Pressucco	
Typed or printed name of signee	

Filing Fee: \$25.00