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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6Ro + Positive UC 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:
GROEIRO MONDEJAR, YeniceLYS Name of Person
6Ro + Positive LLC Firm/Company
2412 SW 112K Place Address
MIAHI 72 33165 City/State and Zip Code
City/State and Zip Code Grobbsitive Cacaaal Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VeniceLYS GROBIS at (305) 316 - 4389 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address: Designation Continue

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

GRO + POSITIVE	LLC
(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records.) hty Company)
The Articles of Organization for this Limited Liability Company were Florida document number 12100086391	re filed on 2122 222 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability GRO POSITIVE LLC The new name must be distinguishable and contain the words "Limited Liability 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)	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, enter the name of the new register
Name of New Registered Agent:	c:
New Registered Office Address:	Enter Florida street address !?
	ω _i
	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 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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
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an effec iote: If	e date, if other than the date of filing: 2 2 2 2 (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record Lis filed	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 d.
ated	M. D. J.
	\ /3871
	Signature of a member or authorized representative of a member Yenicelys, Grobb Hondetor Typed or printed name of signee

Filing Fee: \$25.00