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## **COVER LETTER**

TO: Registrat Division				
	+POSI	TIVE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Artic	cles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all co	orrespon	idence concerning this matter	to the following:	
		GROEIRO MONDEJAR,	YENICELYS	
			Name of Person	
		GRO+POSITIVE LLC		
			Firm/Company	<del></del>
		2412 SW 112 TH PL		
			Address	<del></del>
		MIAMI, FL, 33165		
			City/State and Zip Code	
		GROPOSITIVELLC@GMA	AIL.COM  to be used for future annual report not	ification)
For further informa	ation co	ncerning this matter, please ca	•	meuron)
YENICELYS GR	OEIRO	MONDEJAR	305 316-4389	
1	Name of	Person		ne Telephone Number
Enclosed is a check	k for the	e following amount:		
<b>■</b> \$25,00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registra			Street Address: Registration Se	ection
Division	of Co	orporations	Division of Co	rporations
P.O. Bo Tallahas		n L 32314	The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRO+POSITIVE LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/20/2021	and assigned
lorida document number 1.21000086391	<del>1                                      </del>	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter 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)		
3. If amending the registered agent and/or registered office a	ddress on our records, enter the na	me of the new regist
gent and/or the new registered office address here:		·
Name of New Registered Agent:		و ب مسب
New Registered Office Address:		= = = = = = = = = = = = = = = = = = = =
	Enter Florida street address	
	, Florida	F.0
	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>	Address	Type of Action
AMBR	Yenicelys Groeiro Mondejar	2412 SW 112 TH PL, MIAMI, FL, 33165	\
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			□Change
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	e date, if other than	the date of filing:	02/20/2021		_ (optional)	
Effectiv	tive date is listed, the date	must be specific and ca	unnot be prior to date of	filing or more than 90 o	lays after filing.) Pursuant to 6	05.0207
(If an effec	the date incerted in thi	s block does not med e Department of Sta	te's records.	utory ming requireme	ents, this date will not be i	isted as
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If an effect Note: If	the date inserted in thint's effective date on th	o separation of our				
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