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COVER LETTER

TO: Registration S Division of Co			
CILD IC (12)	TIVE MOBILITY, LLC		
SOBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DOMINIC JAMES		
		Name of Person	
	PM POSITIVE MOBILIT	Y, LLC	
		Firm/Company	
	720 NE 24TH STREET		
		Address	
	GAINESVILLE, FL 3264	1	
		City/State and Zip Code	<u>,</u>
	DOMINICJAMES1979@0		
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
DEESTER SCOTT		352 226-7273	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$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)
Mailing Addre Registration Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PM POSITIVE MOBILITY, 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 4/28/2021 Florida document number L21000290357	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abt	previation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	of thealew registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
171	83

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.

City

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>	Name	Address	Type of Action
AMBR	DEESTER D. SCOTT	3811 SE 19TH AVE, GAINESVILLE, FL 32641	
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove

Effective date, if other than the date of filing: [In celtive date, if other than the date of filing: [In celtive 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 605.0 More. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. [If the date is 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 to dis filed. [In continuous date of the date of a number of a member of a member.]			<u>. </u>
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Signature of a member or authorized representative of a member	JUNE 25	2021	
Signature of a member or authorized representative of a member		Dominic Janes	
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	DOMINIC JAMES	Tuned or printed name of ciones	

Filing Fee: \$25.00