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DIVISION OF CORPORATIONS

22 MAY In AM 0. 22

T. MATTHEWS

JUL -7 2022

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Secti Division of Corpo			
SUBJECT:	ositive Acl	Hon Services ited Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Pet	Name of Person	
	Positive_	Action Service	es LL
	417.	SE 19th Street	· · · · · · · · · · · · · · · · · · ·
	Cape	City/State and Zip Code	33990
	mail address. (	Ocsitive actions ervices to be used for future annual report notification	CS. COM ation)
For further information con-	cerning this matter, please ca	all:	
Petra Sir Name of P	Ason	at (239) 270 Area Code Daytime T	8078 'elephone Number
Enclosed is a check for the	following amount:		
X \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec		Street Address: Registration Secti	
Division of Cor	porations	Division of Corpo	ланона

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

	()1	CINISION OF CO.
	Services	22MAY 10 AM 9: 22
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	,
The Articles of Organization for this Limited Liability Comp	oany were filed on	8-16 - 2021 and assigned
Florida document number $42000367856$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company he	<u>ere</u> :
The new name must be distinguishable and contain the words "Limited I	Jability Company," the d	esignation "LLC" or the abbreviation "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:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our r	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		

## 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

Enter Florida street address

\_, Florida \_

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>	Type of Action
AMBR	Petra Singer	1417 SE 1914 S. FL.	1, (apeloial ====================================
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		<u></u>	<b>X</b> Change
			□Add
			□Remove
		<del></del>	Change
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reffecti <u>te:</u> If t	te date, if other than the date of filing: 5-5-2022  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days of the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.0 hts, this date will not be listed
cord s s filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliered.	of: (b) The 90th day after t
ed	5-5-2022	
	Signature of a member or authorized representative of a member	
	$\cdot$	

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