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DIVISION OF CORPORATIONS

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T. MATTHEWS APR 2 9 2022

COVER LETTER

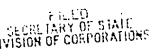
TO: Registration Sect Division of Corpo	
	POSTURAL POINT LLC Name of Limited Liability Company
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	MATIRS MONASTIRSKY Name of Person
	Name of Person
	POSTURPL POINT LLC Firm/Company
	Firm/Company
	323 S 21ST AVENUE STE C
	323 S 21ST AVENUE STE C
	HOLLY WOOD FRORIDA 33020 City/State and Zip Code
	City/State and Zip Code
	WATIRS @METACCOUNTING. COM E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call:
MATION N	10000 10 5000 354 505 3713
Name of I	10NPST 12 SECY at (954) 905 - 324 9 Person Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25,00 Filing Fee	□ \$30.60 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Se	Registration Section
Division of Co.	reportations Division of Cornerations

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION SECRETARY OF STATE DIVISION OF CORPORATIONS



POSTURAL POINT LLC
Name of the Limited Little Country LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ated Liability Company)
The Articles of Organization for this Limited Liability Comparison document number 22200035708	pany were filed on 1/14/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	5)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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
M6R	MARIEL A. BOBEK	323 5 215T AVE	□Add
		STE C HOLYWOOD FLO	PA ■ Remove
		33020	□Change
M. 612	JW MANAGEMENT	345 NE 194TH LANE	\XAdd
	VENTURE LLC	MAMI FLORIDA 33179	□Remove
			🗆 Change
			DAdd
			Remove
			Change
			
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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-	
(If an eff	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	APRIL 714 . 2022.
	Signature of a thember or authorized representative of a member
	MA-TIMS MONDST' PSKY Typed or printed name of signce

Filing Fee: \$25.00