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(1	Requestor's Name)
(Address)
(,	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

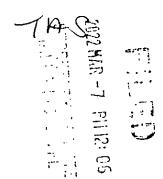
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corp	orations		
SUBJECT: TUR	Name of Lim	PUSITIVE OF	hange LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	•
Please return all correspon	dence concerning this matter	to the following:	
		D. Reyes Name of Person POUND POSITIVE Firm/Company	Change LLC
	290 Far	Address	
	Deer Gield	Brack Fl. 3	B3442_
		Odea mail Con	
		to be used for future annual report not	ification)
For further information co	ncerning this matter, please c	all:	2922
Maria Pri Name of	Person	at (<u>786)</u> <u>306</u> Area Code Daytin	1948 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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 Address Registration Solvision of Co	ection.	Street Address: Registration Se Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURN AROUNA	o Positi	ive Chang	e UC	
(Name of the Limite	ed Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	15
The Articles of Organization for this Limited Li Florida document number <u>LQQOOO</u>	ability Company v			and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designati	on "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
			·-·-	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)			
			·	
B. If amending the registered agent and/or ragent and/or the new registered office addres	•	ddress on our records	s, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:	Mario	a D. Beg	185	
New Registered Office Address:	_290 P	Enter Florida stre	ret address	
	Deersie	Old Boack	, Florida	33442 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>	Name	Address	Type of Action
<u>AMBR</u>	Maria D. Beyes	290 Farnham M	[Z /xdd
		290 Farnham M) Doertield Beack Fl 33443	□Remove
		Fl 33443	Change
			🗀 Add
			□Remove
			□ Change
			□ Add
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an effective lote: If the	ate, if other than the d date is listed, the date must be date inserted in this bloce effective date on the Dep	e specific and ca k does not mee	nnot be prior to d et the applicable	late of filing or mor		filing.) Pursuant to 605	
record spec is filed.	ifies a delayed effective	late, but not an	n effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
ated	<u>3/3</u>		J()33				
-	Mal Ga Maria.	gnature of a mer	mber or authorize	ed representative of	a member		
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