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DIVISION OF CORPORATION OF STATE

8EP 0 6 2022 R. HUNT

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	ration Section on of Corporations		
SUBJECT:	Positive Life Name of Lin	mited Liability Company	· <u>·</u>
The enclosed A	rticles of Amendment and fee(s) are su	abmitted for filing.	
Please return all	l correspondence concerning this matte	er to the following:	
	Debirah	Name of Person	
	Positive 1	ife Solitions	DIVISION OF CORPORATIONS 2022 SEP -6 PM 12: 07
	3026 AU	Ction Drive Address	6 PM12: 07
	marianna	City/State and Zip Code	07
	dpo. positive	to be used for future annual report not	Amail.Can
or further info	rmation concerning this matter, please	call:	
Debo	Name of Person	at (850) 3716 Area Code Daytin	ne Telephone Number
	neck for the following amount:		
□ \$25.00 Filin	ng Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address: stration Section	<u>Street Address:</u> Registration Se	ection
	ion of Corporations	Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Positive life Solutions LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>しことしいろなと</u> つか	were filed on A	5505, Ciz	_ and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liability of the limited liability of the liability of		tion "LLC" or the abbre	viation "L.L.C	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			202	<u>::</u>
			2 SEP - 6	SIGN OF C
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			H 2: 07	95.77.65 57.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	ls, <u>enter the name o</u>	f the new 1	<u>register</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr	ee to act in this capac	city. I further agree	to comply	with t

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
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an effec <u>iote:</u> It	date, if other than the date of filing: Other to date of filing or more than 90 days at the date inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records.	otional) fler filing.) Pursuant to 60 this date will not be lis	05.0207 sted as
record Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day aft	ter the
ated _	Ag. 31, 2022. Drangh Darton Brown		