1/18/24, 12:07 PM



lease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000025406 3)))



Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOPOSITIVE SOLUTIONS, PROFESSIONAL LIMITED LIABIL

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Help

T. LEMIEUX JAN 23 2024 8137457231

H.LEE.MOFFITT

05:15:55 p.m. 01-16-2024

2/9

COVER LETTER

SUBJECT:	MENOPOSITIVE SOLUTIONS, PROFESSIONAL LIMITED LIABILITY COMPANY						
	Name of Lim	ited Liability Company					
The enclosed Articles o	[Amendment and fee(s) are sub-	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Cheyenne Moseley						
		Name of Person					
	Legalzoom.com, inc.						
		Firm/Company					
	101 N Brand Blvd 11th Fl						
	Address						
	Glendale, CA 91203						
	***************************************	City/State and Zip Code	·				
	amber.vazquez@ntenoposit		<u></u>				
	E-mail address: (t	o be used for future annual report notifi-	cation)				
For further information	concerning this matter, please ea	di.					
Cheyenne Moseley		800 773-0888 at ()					
Name	of Person	Area Code Daytime	Telephone Number				
_							
Enclosed is a check for	the following amount:						
□ S25.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32304

MENOPOSITIVE SOLUTIONS, PROFESSIONAL LIMITED LIABILITY COMPANY

8137457231

To:

H.LEE.MOFFITT

05:16:15 p.m. 01-16-2024

3/9

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linhillty Compa (A Florida Limited	ny s <u>a it new appears on our records.</u>) Liabilny Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000159572	were filed on 03/30/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16203 Parkside Dr.
(Principal office address MUST BE A STREET ADDRESS)	Tumpa, FL 33624
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3853 Northdale Blvd. Tampa, FL 33624
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
	22 ARY
New Registered Office Address:	Enter Florida street address Florida
	, riojida

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

Zip Code

Page:	15	of	46
Page.	JU	OI.	40

2024-01-19 18:19:27 PST

13236068205

01-16-2024

From: Rajiv Srivastava

8137457231

MGR = Manager

AMBR = Authorized Member

To:

H.LEE.MOFFITT

05:16:47 p.m.

4/9

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
	*****	•••	Add
			☐ Remove
			□ Change
			D Add
			□ Remove
			☐ Change
			D \dd
			☐ Remove
			Change
			□ Add
			Remove
			Change
			D Add
			D Remove
			☐ Change
			□ Add
			□ Remove
			Change

To:		Page: 36 of 46	2024-01-19 18:19:27 PST	13236068205	From: Rajiv Srivastava

37457231	H.LEE.MOFFITT	05;17:04 o.m. 01+16-2024
D. If an	nending any other information, enter change(s) here: (Atta	ich additional sheets, if necessary.)
		gamanga, manga at aka shi shi qarabi kila shi shi kila shi aka shi
re recen	ation data if other than the data of fillings	(optional)
r. Ener	ctive date, if other than the date of filing:	of filing or more than 90 days after tiling.) Pursuant to 605,0207 (
Note	E: If the date inserted in this block does not meet the applicable state	tutory filing requirements, this date will not be listed as t
docu	iment's effective date on the Department of State's records.	, -
ië sha r	ecord specifies a delayed effective date, but not an el	ffective time at 12:01 a.m. on the earlier of:
	ne 90th day after the record is filed.	nective time, at 12.01 a.m. on the earner of
(0) 11	ie sour day after the record is med.	
	Same and	
Date	d January 14 2024	
	1 1	
	$(lhih)_{i} (lhih)_{i}$	
	Signature of a mamber of authorized re	presentative of a member
	Amber Vazquez	
	Typed or printed name	of signee

Page 3 of 3

Filing Fce: \$25.00