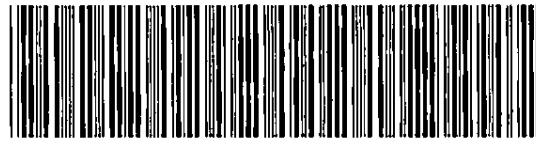


L22000356534



600393139236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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A. BUTLER

AUG 25 2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE use funds from ACCT: 120210000160: 25.00

Authorization Signature: James Sullivan

Impala Business Solutions LLC L22000356534

Business Name

Document #

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Certified copy of Articles of \_\_\_\_\_

**Certificate of Status**

**NEW FILINGS**

**AMMENDMENTS**

Profit

Amendment

Not for Profit

Resignation of R.A. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

Other

Merger

**CORP**

**Conversion**

Articles of Conversion

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

Annual Report

Foreign filing

Fictitious Name

Limited Partnership

Reinstatement

APOSTIL ( ) \_\_\_\_\_ STATEMENT OF AUTHORITY

Country

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IMPALA BUSINESS SOLUTIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN E DELLOCA

\_\_\_\_\_  
Name of Person

MDELL CONSULTING CORP

\_\_\_\_\_  
Firm/Company

848 BRICKELL AVE STE 1130

\_\_\_\_\_  
Address

MIAMI, FL, 33131

\_\_\_\_\_  
City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

IMPALA BUSINESS SOLUTIONS LLC

2022 AUG 24 AM 9:39

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/15/2022 and assigned Florida document number 1.22000356534.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LINED BUSINESS SOLUTIONS LLC

The new name must be distinguishable and contain the words "Limited 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

