

LO7000014272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

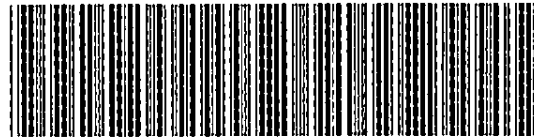
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 APR - 8 PM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/08/19--01003--0100 \*\$25.00

4/10/



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2019

TARA POLEN  
252 SEVENTH AVE  
APT 12P  
NEW YORK, NY 10001

SUBJECT: IMPRESA22, LLC  
Ref. Number: L07000014272

We have received your document for IMPRESA22, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 219A00000518

2019 APR - 8 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2019 APR - 8 PM 1:27

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMPRESA 22, 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:

TARA POLEN  
Name of Person  
IMPRESA 22, LLC  
Firm/Company  
252 7<sup>TH</sup> AVE, #12P  
Address  
NEW YORK, NY 10001  
City/State and Zip Code  
HIDEAWAY22@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2019 APR - 8 PM 9:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

TARA POLEN at (212) 647-1377  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

☒ ALREADY SENT  
\$25

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

IMPRESA 22, LLC

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

The Articles of Organization for this Limited Liability Company were filed on FEB. 7, 2007 and assigned Florida document number L07000014272.

This amendment is submitted to amend the following:

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

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)

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2007 APR - 8 PM 9:17  
CLERK OF CIRCUIT COURT  
ALACHUA COUNTY, FLORIDA

**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:

MATT LUPTON

New Registered Office Address:

1489 W. PALMETTO PARK RD #509

Enter Florida street address

BOCA RATON

City

Florida

33486

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
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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA  
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

TARA POLEN

Typed or printed name of signee