

L10 000026134

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(Business Entity Name)

(Document Number)

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FALL 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPULSE INTERNATIONAL
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:

GREGORY PAUL CASHMAN
Name of Person

IMPULSE INTERNATIONAL
Firm/Company

611 FIFTH STREET
Address

MERRITT ISLAND, FLORIDA, 32953
City/State and Zip Code

greg.cashman@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG CASHMAN at (321) 877-0303
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
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**

IMPULSE INTERNATIONAL, 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 AUGUST 30th, 2014 and assigned Florida document number L10000026134

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 end with 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)

611 FIFTH STREET
MERRITT ISLAND, FLORIDA 32953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

611 FIFTH STREET
MERRITT ISLAND, FLORIDA 32953

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:

GREG CASHMAN

New Registered Office Address:

611 FIFTH STREET

Enter Florida street address

MERRITT ISLAND

City

Florida

32953

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MR.	GRAHAM WHITEHOUSE	3650 TURQUOISE DR. HERNANDO, FL. 34442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MR.	GREG CASHMAN	611 FIFTH STREET MERRITT ISLAND, FL. 32953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MR.	NICHOLAS WHITEHOUSE	4201 LONGBOW DRIVE CLERMONT, FLORIDA, 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MR.	ANDREW WHITEHOUSE	4201 LONGBOW DRIVE CLERMONT, FLORIDA 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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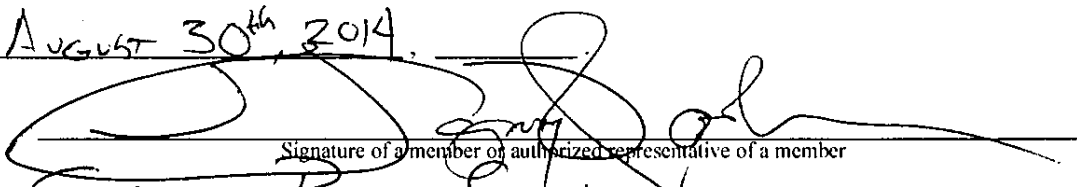
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

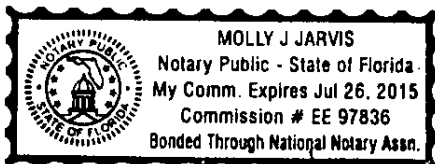
PLEASE REMOVE all PREVIOUS addresses and partners
from further association with this registered LLC,
Graham Whitehouse and Greg Cashman are to be the
only registered members. Please send all future
correspondance to 611 FIFTH STREET, MERRITT Island, FL.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated AUGUST 30th, 2014.


Signature of a member or authorized representative of a member
GREGORY PAUL CASHMAN
Typed or printed name of signee



Molly J Jarvis 8-30-2014

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Filing Fee: \$25.00

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SEP 11 2014
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