

L 12000086550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

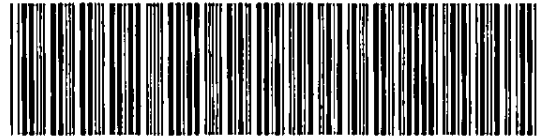
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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MASSSEE FLORIDA

SEP 19 2017

~~Copy of what's mailed~~
14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Impuls LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deann Patterson

Name of Person

Firm/Company

1101 NE 2 Street

Address

Hallandale, FL 33009

City/State and Zip Code

Deannps@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deannps@gmail.com

Deann Patterson

Name of Person

at (786) 457-7963

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
2601 Executive Center Circle
Tallahassee, FL 32301

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>
MGR	Hermann Seidl	1101 NE 2 Street	<input type="checkbox"/> Add
	<i>Remove</i>	Hallandale, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deann Patterson	1101 NE 2 Street	<input checked="" type="checkbox"/> Add
	<i>add</i>	Hallandale, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 RECEIVED
 COMMUNITY DEVELOPMENT
 DEPARTMENT

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

Multiple horizontal lines for amending information.

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FILED
TAMPA, FLORIDA

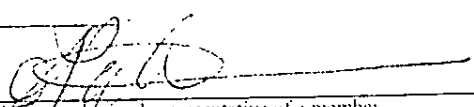
E. Effective date, if other than the date of filing: July 25, 2017 (optional)

(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 7/25/17



Signature of a member or authorized representative of a member

Dean Patterson
Typed or printed name of signee