

L17000 146771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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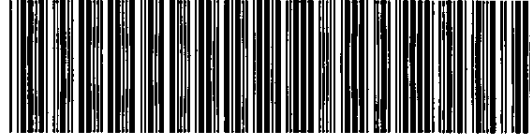
(Business Entity Name)

(Document Number)

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15 JAN -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 20 2015

2/10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Impact Xchange, 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:

Heather Farrell

Name of Person

Firm/Company

5902 Memorial Hwy #508

Address

Tampa, FL 33615

City/State and Zip Code

hfarrell4138@gmail.com

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

For further information concerning this matter, please call:

Heather Farrell

at (941) 302-7900

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**

Impact Xchange, 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 10/17/2013 and assigned
Florida document number L13000146771.

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:

5902 Memorial Hwy #508

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33615

Enter new mailing address, if applicable:

5902 Memorial Hwy #508

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33615

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:

5902 Memorial Hwy #508

Enter Florida street address

Tampa

City

Florida

33615

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>
MGRM	KHALIL, EMEIL	2717 SEVILLE BLVD. APT. 4302	<input type="checkbox"/> Add
		CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Remove
MGRM	AWAD, ROMANI	6276 Aventura Dr.	<input type="checkbox"/> Add
		Sarasota, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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15 JAN - 9 AM 9:00
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 TALLAHASSEE, FLORIDA

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

For MGRM Farrell, Heather, please change address for that member to:

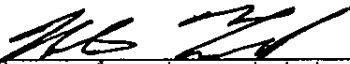
5902 Memorial Hwy #508

Tampa, FL 33615

E. Effective date, if other than the date of filing: 1/10/15 (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 December 30, 2014


Signature of a member or authorized representative of a member

Heather Farrell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JAN -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA