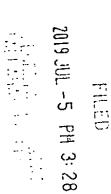
1400033078

(F	Requestor's Name)	
 (#	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT [MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Sta	itus
Special Instructions t	to Filing Officer:	

Office Use Only



200331174232



07/08/19--01001--004 **25.00

FILING CANCELLED
DUE TO RETURNED CHECK

T GLASS
JUL 0 5 2019



COVERTEILER

Registration Section Division of Corporations

TO:

SURFECT: P	To Impact Name of Linn	LLC	
30131.C7.	Name of Limi	ted Liability Company	<u> </u>
	Amendment and fee(s) are submidence concerning this matter to	DUETO	CANCELLED RETURNED CHECK
	Gerard	Name of Person	2019 J
	6015	Firm/Company Lester circle Address	2019 JUL - 5 PM 3: 28
		City/State and Zip Code	7 std # 209
		to be used for future annual report noti	tication)
For further information co	oncerning this matter, please ca	all: at ($\frac{904}{\text{Area Code}}$) Daytim	J-4332
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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)
Registr Divisio P.O. Be	ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COUR! Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Impact	LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed on Feb. 2014 and assigned
This amendment is submitted to amend the following:	FILING CANCELLED DUE TO RETURNED CHECK
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabification of the contain the words "Limited Liabification".	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off 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 agre	e to act in this capacity. I further agree to comply with ,

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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

or remove	ng Authorized Person(s) authorized to mana d from our records:	sv. <u></u>	
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
	FILING CANCELLED DUE TO RETURNED CHEC	Ж	Change
			☐ Add
			☐ Remove
			☐ Change
			20 33dd
			Remove=
			☐ Remove
			Change
			□ Remove
			Add

☐ Remove

_ Change

FILING CANCELLED DUE TO RETURNED CHECK File of the control of th		
FILING CANCELLED DUE TO RETURNED CHECK E. Effective date, if other than the date of filing:		
E. Effective date, if other than the date of filing: (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.) Pursuan Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	2019 11/1	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	_5 PH 3: 28	
	8	
·	nt to 605.02 t be listed :	207 (3) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	earlier	of:
Dated 7-5-19		
2		
Signature of a member or authorized representative of a member		
Gerowd Ross Typed or printed name of signee		
Typed or printed name of signee		

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

Page 3 of 3

Filing Fee: \$25.00