

L14000099278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

JUL 07 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

FRIENDR 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:

Tracey Wiseman

Name of Person

PARTNER2Impact LLC

Firm/Company

7100 Biscayne Blvd Ste 305a

Address

MIAMI, FL 33138

City/State and Zip Code

tracey@partner2impact.com

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

For further information concerning this matter, please call:

Tracey Wiseman

Name of Person

at (312) 576-1255

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -6 AM 10:57

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TO
ARTICLES OF ORGANIZATION
OF

FRIENDR

(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 6/20/14 and assigned
Florida document number L 14000099278

This amendment is submitted to amend the following:

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

PARTNER2IMPACT LLC

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)

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:

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 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

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FLORIDA

MGR = Manager
AMBR = Authorized Member

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Remove
Change
Remove
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I mailed THIS SAME
PAPERWORK and \$25 check
#0102
on MAY 20, 2015

Your office reports no
receipt of amendment

I am re-sending new
new paperwork & check #
0105

Please confirm
receipt

312-576-1255
or

tracey@partner2mpac
con

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

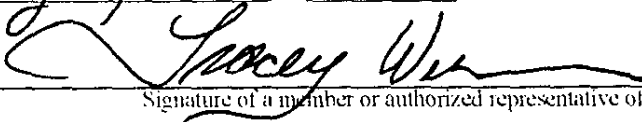
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

July 2, 2015



Signature of a member or authorized representative of a member

TRACEY WISEMAN

Typed or printed name of signee

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