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COVER LETTER

TO: Registration Section Bivision of Corporations					
SUBJECT: Impact Construction Services Division I Name of Limited Liability Company					
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:					
Alex Maldonado Name of Person					
Name of Person					
Impact Construction Services Division I Firm/Company					
Firm/Company					
4628 Freemont Ter. S. Address					
Address					
Saint Peters burg FL 33711 City/State and Zip Code					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
•					
For further information concerning this matter, please call:					
Alex Maldonado 11 108 214-9599					
Name of Person at (708) 214 - 9599 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 Constr	uction Servi	ces Division I	
Impact Constr	Liability Company as it A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Lia Florida document numberL150001414	bility Company were fi		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi	-	ldress on our records, <u>ei</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Florid	α.
	City		a Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered	agent and agree to a	ct in this capacity. I furthe	r agree to comply with the
provisions of all statutes relative to the proper			•
accept the obligations of my position as regist being filed to merely reflect a change in the re			
company has been notified in writing of this c	0 00	S, I nereby congit in that the	
) - 7.7 Taire	6 1
		72 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	₩ vren
	If Changing Re	gistered Agent, Signature of Ne	w Registered Agent
		. ; c . ; c	7) ""

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Rocky Beydoun	10470 W. US P.O. Box 46	<mark>⊬</mark> □ Add
		Mackinaw City, MI 49701	R Remove
			🗆 Change
MGR	Alex Maldonado	4628 Freemont Terrace S.	X Add
		St. Petersburg, FL 33711	🗆 Remove
			Change
<u></u>			Add
			Remove
			Change
			□ Add
			_ 🗖 Remove
			_ 🗖 Change
			Add
			Remove
			_ Change
		2015 (CT 30 P	Add
		ELORIU FLORIU	Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets	
_		
		
_		
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_		
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Note: If	e date, if other than the date of filing: tive date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 described the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	_(optional) ays after filing.) Pursuant to 605.0207 ants, this date will not be listed as t
	rd specifies a delayed effective date, but not an effective time, at 1.00th day after the record is filed.	2:01 a.m. on the earlier of:
Dated _	October 26, 2015.	
	1 Mulle	Carl second
	Signature of a member or authorized representative of a member	The state of the s
	Alex Maldonado Typed or printed name of signee	\$3.4 0 II
	Typed or printed name of signee	TT 0
		STATE STATE LORIDA
	Page 3 of 3	A

Filing Fee: \$25.00