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D. SCOTT MAY 12 2017

COVER LETTER

Property of C			
CUDIECT.	Cle	ear Impact, LLC	
SUBJECT:	Name of Lim	uited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Ronel Lago	
		Name of Person	, , , , , , , , , , , , , , , , , , ,
		Clear Impact, LLC	
		Firm/Company	
		272 La Mancha Ave	
		Address	
	R	loyal Palm Beach, FL 33411	
	·	City/State and Zip Code	
		lago121314@gmail.com	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notific	ation)
	el Lago	561 267-8620	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		AN II PA
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

	Clear Impac	et, LLC		
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears iability Company)	on our records.)	
The Articles of Organization for this Limited Florida document numberL1500004986		were filed on	03/17/2015	and assigned
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>enter</u>	the name of the new
	N/A			第二 一
New Registered Office Address:	****	Enter Floria	la street address	FE ST
		City	, Florida	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 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>	Type of Action
s	Perez-Muro, Jose Manuel	272 La Mancha Ave	Add
		Royal Palm Beach, FL 33411	Remove
			Change
Т	Gonzalez-Garcia, Eladio	272 La Mancha Ave	□ Add
		Royal Palm Beach, FL 33411	■ Remove
			Change
S	Morales-Lorenzo, Alen Silverio	272 La Mancha Ave	■ Add
		Royal Palm Beach, FL 33411	Remove
			☐ Change
T	Bello-Gonzalez, Sergio	272 La Mancha Ave	Add
		Royal Palm Beach, FL 33411	Remove
			□ Change
			Add.
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
			Remove
			☐ Change

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			Ma	y 8th, 2017		
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ocument's effe	ctive date on the	Department of S	state's records.			
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Pated		_	100)	- 3322 「
Dated		Signature of a	member or author	regresentative of	a member	- 1000 - 1
Dated		Signature of a	member or author	ized representative of	a member	ASSET PA

Page 3 of 3

Filing Fee: \$25.00