216000088792

(F	Requestor's Name)	
<u> </u>	ddress)	
(A	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(E	Document Number)	<u>.</u>
Certified Copies	Certificates of S	Status
Special Instructions t	o Filing Officer:	

Office Use Only



500288626675

08/08/16--01012--020 **25.00



£ 4

S Warren AUG 0 9 2010

COVER LETTER

SUBJECT:		Il Impact LLC				
	Name of Emi	ned Liabinty Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
Michael Liles						
		Name of Person				
		Doral Impact Finn/Company				
	4	PO Box 931941 Address	<u></u>			
	· · · · · · · · · · · · · · · · · · ·	Miami FL 33283 City/State and Zip Code				
	E-mail address: (to be used for future annual repo	ort notification) .			
For further information of	concerning this matter, please ca	all:				
	el Liles of Person	at (<u>305</u>) Area Code	514-0586 Daytime Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

	Doral Impact		
(Name of the Limited Lia (A Flo	<u>bility Company as it now appear</u> rida Limited Liability Company)	s on our records.)	
ne Articles of Organization for this Limited Liabilit	y Company were filed on	05/05/2016	and assigned
orida document numberL16000088792			
his amendment is submitted to amend the following	Ç.		
. If amending name, enter the new name of the l	imited liability company ho	e <u>re</u> :	
e new name must be distinguishable and contain the words "	Limited Liability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		,	
Principal office address MUST BE A STREET AD	DRESS)		
	6 · ·	the state of the s	
	•		
nter new mailing address, if applicable:	 	PO Box 831941	
Mailing address MAY BE A POST OFFICE BOX		Miami FL 33283	
•	· · · · · · · · · · · · · · · · · · ·		
. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter</u>	the name of the
	. ,		
New Registered Office Address:	Enter Flo	ida street address	
_	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>	Address	Type of Action
<u> </u>	PIMENTEL, LUIS	5413 NW 72ND AVE.	
		MIAMI, FL 33166	Remove
			□ Change
<u> </u>	MARCOS, MORGAN	17431 NW 52 PL	Add
		MIAMI, FL 33055	☐ Remove
			□ Change
	•		Add
		**************************************	□ Remove
. •		·	Change
	<u></u>		□ Add
			☐ Remove
			☐ Change
			Add
		.	Remove
	•		73 7 0
			ORIGINA Add
•			Remove
			. Change

			<u></u>				
		•				5-14-14-14-14-14-14-14-14-14-14-14-14-14-	
							
		Was are the					
							-

	<u></u>					<u>. </u>	
			······································				
	•						
			•				
		•	<u> </u>				
			00	101/2016			
an effec ote: If	e date, if other the stive date is listed, the of the date inserted in at's effective date or	date must be specifi this block does i	ic and cannot be pr not meet the app	nor to date of filing plicable statutory	g or more than 90 da		
	rd specifies a de Oth day after th			not an effect	ive time, at 12		
						51.3 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	32 23 33
ated	08/01/2016		,	·		100	and the same of th
			_	0		12 C	<u>ه</u> ا
		Signature	of a member or a	uthorized represer	ntative of a member		
		٠		· · F		느∽	#

Page 3 of 3

Filing Fee: \$25.00