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## COVER

	Registration Se Division of Cor				
SUBJEC		MPACT PARTNERS, LLC			
SUBJEC	·	Name of Limit	ted Liability (	Company	
The enclo	sed Articles of	Amendment and fee(s) are subm	nitted for fill	ng.	
Please ret	urn all correspo	ndence concerning this matter to	o the follow	ing:	
		SCOTT BOCKLUND			
			Name o	of Person	<del></del>
		GLOBAL IMPACT COMP	ANIES VE	NTURES LLC	
		<del>-                                    </del>	Firm/C	ompany	<del></del>
		1003 8TH AVENUE WEST	r		
		<del></del>	Adi	lress	<del></del>
		BRADENTON, FL 34205			
			City/State a	nd Zip Code	
		SCOTT@GLOBALIMPACT	1		
		E-mail address: (to	be used for	future annual report not	ification)
For furthe	er information co	oncerning this matter, please cal	II:		
SCOTT I	BOCKLUND		1 6 at ( <b>1</b>	791-2499	
	Name o	f Person		ea Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certi	Filing Fee & ied Copy nal copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314		STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBLA IMPACT PARTNERS, LLC

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L17000032463	pany were filed on 02/09/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
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 ADDRES	<u>S)</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	gent:
provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability  Changing Registered Agent, Signature of New Registered Agent
P	age 1 of 3

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	GLOBAL IMPACT COMPANIES	204 13TH STREET WEST	□ Add
	VENTURES, LLC	BRADENTON, FL 34205	■ Remove
			Change
AMBR	ADAM & KATHY LAFAVRE	1717 79TH COURT WEST	■ Add
	RECOLARE TRIBI	BRADENTON, FL 34209	☐ Remove
			Change
AMBR	BOCKLUND FAMILY	7820 64TH STREET NORTH	<b>B</b> Add
	KEVACARIE TRUST	PINE SPRINGS, MN 55115	□ Remove
			☐ Change
			Add
			□ Remove
			Сһапде
			Add
			Remove
			Change
	<del> </del>		Add
			☐ Remove

	enter change(s) nere	: (Attach additional sheets, if necessary.)
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ffective date, if other than the date (	12/27/2017	(optional)
an effective date is listed, the date must be spe	cific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605.
ote: If the date inserted in this block doo cument's effective date on the Departme		ble statutory filing requirements, this date will not be listed
e record specifies a delayed effec The 90th day after the record is	ctive date, but not	an effective time, at 12:01 a.m. on the earlie
The Socii day after the record is	med.	
DECEMBER 27TH	2017	
1.11/1/	22/1/1	
Signatu	ure of a member or author	ized representative of a member
SCOTT BOCKLUND		
	Typed or printed	name of signee

Filing Fee: \$25.00