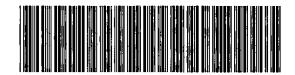
## 117000200084

| (Requestor's Name)                      |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:      | Registration Sec<br>Division of Corp |  | ¢   |  |  |
|----------|--------------------------------------|--|---|--|--|
| CIID IE  | Modern Imp                           | pact LLC                                     |   | <b>~</b> ~   |  |
| SUBJE    | CI:                                  | Name of Lim                                  | nited Liability Company   |  |  |
| The enc  | losed Articles of A                  | Amendment and fee(s) are sub                 | omitted for filing.   |  |  |
| Please r | eturn all correspo                   | ndence concerning this matter                | to the following:   |  |  |
|          |                                      | Jeff Larmee                                  |   |  |  |
|          |                                      |  | Name of Person  |  |  |
|          |                                      | Modern Impact LLC                            |   |  |  |
|          |                                      |  | Firm/Company  |  |  |
| •        |                                      | 421 Vandergrift Dr.                          |   |  |  |
|          | •                                    | Address                                      |   | 1.   |  |
|          |                                      | Ocoee, FL 34761                              |   |  |  |
|          |                                      |  | City/State and Zip Code   |  |  |
|          |                                      | Jeff@modernimpactIlc.com                     |   |  |  |
|          |                                      |  | to be used for future annual report not                             | incation)  |  |
| For furt | her information co                   | oncerning this matter, please c              | all:  |  |  |
| Jeff Lar |                                      |  | 407 790-0237<br>at ()   |  |  |
|          | Name of                              | Person                                       | Area Code Daytin  | ne Telephone Number  |  |
| Enclose  | d is a check for th                  | e 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,<br>Certificate of State<br>Certified Copy<br>(additional copy is enc |  |

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

Modern Impact LLC (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  $\frac{09/27/2017}{1}$ and assigned Florida document number L17000200084 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 |
|--------------|-------------|--------------------|----------------|
| President    | Jeff Larmee | 421 Vandergrift Dr | ■ Add          |
|              |             | Ocoee, FL 34761    | ☐ Remove       |
|              |             |                    | Change         |
|              |             |                    | Add            |
|              |             |                    | □ Remove       |
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|   | 71.2  |                               |
| ffective date, if other than the date of filing:  | (optional)  | 64                            |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or n lote: If the date inserted in this block does not meet the applicable statutory filinocument's effective date on the Department of State's records. | more than 90 days after filing.) Pursu<br>ng requirements, this date will n | ant to 605.02<br>ot be listed |
| record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.  | time, at 12:01 a.m. on th   | e earlier                     |
| ated  |   |                               |
|   |   |                               |

Page 3 of 3

Filing Fee: \$25.00