L17000200014

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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

Division of Corporations
SUBJECT: MOCKERW IMPACT LLC Name of Limited Liability Company
Name of Limited Liabrity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SEFF LARMEE Name of Person
Name of Person
MedERN IMPACT LLC Firm/Company
Firm/Company
1932 BIENGIE AUE
Address
EXPANOC FL 32808
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEFF LADMEE 311467, 7910-0337
TEFF LITEMEE at (467) 790 - 0237 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. 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

ModERN (Name of the Limited I	IMP F isbility Company lorida Limited Lia	as it now appears of ability Company)	on our records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>L17000200</u>	lity Company w	vere filed on $\frac{q}{}$	127/2017	and assig	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabili	ty company here	<u>:</u> :		
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the desi	gnation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable	e:				<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)			AUG 13	CRETARE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>		·	AM 9: 59	ED S ALE Y OF S ALE ORPORATIONS
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter</u>	the name of	the nev
Name of New Registered Agent:					
New Registered Office Address:	1932 1	B. Engle	AUE a street address		
_	<u>ori and c</u>			3 280 E	7
New Registered Agent's Signature, if changing Regi	stered Agent:				
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this characteristics.	ind complete p red agent as pr istered office a	erformance of m ovided for in Ch	y duties, and I am fo apter 605, F.S. Or,	amiliar with a if this docum	and ent is

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>	Name	Address	Type of Action
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			Change
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		DOUEE FL 34761	□ Remove
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Filing Fee: \$25.00