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(Requestor's Name)	<u> </u>
(Requestor's Name) (Address) (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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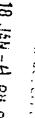
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COVER LETTER

	Registrati Division o					
our re		ELLET I	BRADENTON LLC			
SUBJEC	1:		Name of Limit	ted Liability Com	pany	
The enclo	osed Artic	les of An	nendment and fee(s) are subn	nitted for filing.		
Please ret	turn all co	rrespond	ence concerning this matter t	o the following:	:	
			SCOTT BOCKLUND		:	
				Name of Po	erson	
			GLOBAL IMPACT COMP	PANIES VENT	URES LLC	
				' Firm/Com	pany	
			1003 8TH AVENUE WES	Γ		
				Addres	s	
			BRADENTON, FL 34205			
			· · · · · · · · · · · · · · · · · · ·	City/State and	Lip Code	
			SCOTT@GLOBALIMPAC			
					re annual report noti	fication)
For furthe	er informa	tion con	cerning this matter, please ca	11:		
SCOTT	BOCKLU	IND		612 at (791-2499	
	٨	lame of P	erson	Area (Öde Daytime	e Telephone Number
Enclosed	is a check	c for the	following amount:			
\$ 25.0	00 Filing I	₹ee	□ \$30.00 Filing Fee & Certificate of Status	Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations rater Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEPELLET BRADENTON LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L17000202602 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 "LLC." 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 of the new registered agent and/or the new registered office address here: GLOBAL IMPACT COMPANIES VENTURES LLC Name of New Registered Agent: 1003'8TH AVENUE WEST 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

BRADENTON

If Changing Registered Agent, Signature of New Registered Agent

Florida 34205

If amending or removed	g Authorized Person(s) authorized to man- from our records:	the title, name, and address of each person being added	
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	GLOBAL IMPACT COMPANIES, 116	1003 8TH	AVENUE WEST
		BRADEN	TON, FL 34205 ■ Remove
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E. Effecti	e date, if other than the date of filing: (optional)	
(If an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
	it's effective date on the Department of State's records.	risted as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the export of the record is filed.	arlier o
Dated	DECEMBER 27TH 2017	
.24.04	Me Mel	
	6'	
	Signature of a member or authorized representative of a member	

Page 3 of 3 Filing Fee: \$25.00