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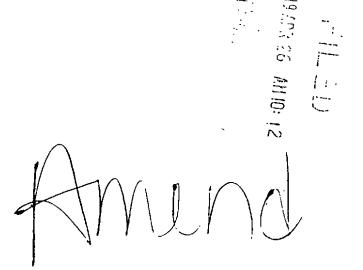
Requestor's Name)
Address)
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City/State/Zip/Phone #)
WAIT MAIL
Business Entity Name)
Document Number)
Certificates of Status
to Filing Officer:

Office Use Only



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04/12/19--01011--023 **23.60



APR 27 2019
I ALBRITTON

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: IMO	ressioniti LLC		
	Name of Lim	ited Liability Company	
The anclosed Assistance	Amundment and fixed are sub-	mittad for filian	
	Amendment and fee(s) are sub	_	
Please return all correspon	ndence concerning this matter	to the following:	
	Christopher	Rodriguet Name of Person	
	Impression!		
	49 Downing st	Address	
	Sanford Ifl	52 773 City/State and Zip Code	
	Impressionistil	Co gmail. Com to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	nll:	
Christopher & Name of	Derigue T	at (<u>407</u>) <u>495 – 9</u> Area Code Daytime	750 % Telephone Number
Enclosed 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra	NG ADDRESS: ttion Section 1 of Corporations x 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle Tallahassee, FL 32301



April 17, 2019

CHRISTOPHER RODRIGUEZ 49 DOWNING ST SANFORD, FL 32773

SUBJECT: IMPRESSIONIST, LLC Ref. Number: L19000075320

We have received your document for IMPRESSIONIST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please sign the form as a printed signature is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00007839

Irene Albritton
Regulatory Specialist II

CELVEY:
(PR 25 PH 3: 41
(ETARY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Impression; St, LLC		
Impression; Stylle (Name of the Limited Liability Company (A Florida Limited Liability)	<u>y as it now appears on</u> ibility Company)	our records.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>19000 75 320</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. <u></u>
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	200
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		E C
B. If amending the registered agent and/or registered office address here:		r records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	arcet address
		Florida
Now Pagistared Agent's Signature if shanging Degistared Agent.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	to act in this cape erformance of my	icity. I further agree to comply with the duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$MGR = M_{i}$ $AMBR = Au$	anager athorized Member	• • •	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Radriquez	49 Downing St sanford, fl	I Add
		3 2773	□ Remove
			Change
AMBR	lardes victoriano	44 Downing St sunford, fl	Add
		32773	Remove
			Change
		 	
			Remove
			Change
		🗆 Add	
			□ Remove
			□ Change
			🗆 Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 () Note: If the date instered in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated April 10 2019 Signature of a member or authorized representative of a member.		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
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) The 90th day after the record is filed.	Note:	. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Dated April 10 . 2019. Christopher Rodrigue Christophor Rodrigues Signature of a member or authorized representative of a member	the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Christopher Redrigue - Multophor Rodrigues	Dated	April 10 . 2019.
· · · · · · · · · · · · · · · · · · ·		Christopher Rodrigue - Multitaphor Rodriguey Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00