10/8/2019

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : I19990000017

Phone

: (305)485-9300

Fax Number

: (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

HERRERA (Name of the Limited	MPACT LLC Linbility Company as it Florids Limited Liability	now sppears on our re Company)	cords.)	
The Articles of Organization for this Limited Liab Florida document number	oility Company were f	iled on <u>OH/01/</u>	2019	_ and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	be limited liability co	mpany here:		
The new name must be distinguishable and contain the wor	ds "Limited Lisbility Com	pany," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ole:			2019
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				& F125
(Mailing address MAY BE A POST OFFICE B	<u></u>			
			·	va Va
B. If amending the registered agent and/or registered agent and/or the new registered offi		ddress on our rec	ords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	JORGE M.	HERRERA		
New Registered Office Address:	<u>10010 SW</u>		,, 	
	MIANI	Enter Florida street a	, Florida <u>X</u>	3165
	().	<i>y</i>		Ap Coue

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.

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 Title Name Type of Action Address MGR JORGE M. HERRERA 10010 SW 32 STREET MIAHI, FL. 33165 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ∞ ☐ Change رب □(Add □ Remove ☐ Change □ Add ☐ Rcmove □ Change _□ Add □ Remove

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 ☐ Change

n.	O.R	2019	09:54AM	Clara	Graldo	Tax	Frm	3054851098
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page 4

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MICHEL HERRERA ALEMAN	Dated	701001	
MICHEL HERRERA ALEMAN		Signature of a member of authorized representative of a member	
Typed or printed name of signee			
	_	MICHEL FERRERA ALESTAN Typed or printed name of signoc	
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CLARA GIRALDO E.A. 4080 BW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300