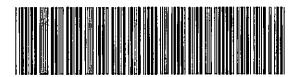
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COVER LETTER

Division of Corporations
SUBJECT: All Star Impact, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Raul Alberto Herrardez Name of Person
All Star Impact, LLC Firm/Company
9024 NW 114th Street
Hialean Gardens, F1 33018 City/State and Zip Code Raul Ceelock 114 @ Icloud. Com
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Raul Alberto Hernandez at 305, 497-5818 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25,00 Filing Fee S0,00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ALL STAR IMPACT, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 12 11 2020 and assigned lorida document number
his amendment is submitted to amend the following:
a. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS
inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
i. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
T'P
City Florida Zip Code
cw 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
President	Raul Alberto Hernandez	9024 NW 114th Stree	<u></u> MAdd
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