## Plorigia Department of State Division of Corporations Electronic Filing Cover Sheet

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<u> </u>	Doing so will generate another cover sheet.	TO TO
Ta:	Division of Corporations	(g) 1
	Fax Number : (850)617-6383	$\omega$
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From:		·-, .
	Account Name : FASTKIT CORP	His G
	Account Number : I20100000009	55
	Phone : (305)599-0839	5. <b>U</b> 1
	Fax Number : (305)592-9591	
Enter	the email address for this business entity to be used	d for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
D&M IMPACT, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & M Impact,LLC			
(Name of the Limited Liability Compar (A Florida Limited L	av as it now appears on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company  Florida document number L21000132727		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:		Es 😮	
(Principal office address MUST BE A STREET ADDRESS)		S	
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Enter new mailing address, if applicable:	·	-1-3 0-	
(Mailing address MAY BE A POST OFFICE BOX)	0.71	<u> </u>	
	97	<u> </u>	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	Idress on our records, <u>enter the name of</u>	the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
The state of the s	Enter Florida street address		
		orida	
	Cury Ziq	o 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 accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am famili ovided for in Chapter 605, F.S. Or, if thi	iar with and is document 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Rodobaldo Hernandez Perez	3202 SW 87 Place	■Add
		Miami, Fl 33165	□Remove
			☐Cliange
			□Remove
		<del></del>	☐ Change
			DAdd
			ORemove
			Change
			□Remove
			☐ Change
		·	
			□Remove
			□Change
	# # # 		□Remove
			□Change

D. If amending	g any other information, enter change(s) here: (Auach additional sheets, if necessary.)
-	202 TAL
	> SEP
	<u></u>
-	<u> </u>
(If an effective of Note: If the	te, if other than the date of filing:  ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as the ffective date on the Department of State's records.
If the record speci record is filed.	ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Sept 1	2021
-	Signature of a member or authorized representative of a member
I. <del></del>	Typed or printed name of signee

Filing Fee: \$25.00