Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:

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

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10/4/2021 3:10:31 PM PAGE 1/001 Fax Server



October 4, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

D&M IMPACT, LLC 3202 SW 87 PL MIAMI, FL 33165

SUBJECT: DEM IMPACT, LLC

REF: L21000132727

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Valerie Herring Regulatory Specialist III

FAX Aud. #: H21000368513 Letter Number: 021A00024030

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENT HAT ACT, LLC		
(Name of the Limited Liability Com) (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan		and assigned
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 list	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	a chlorida UF V Cu
Enter new principal offices address, if applicable:	To the constant of the	e appreviation [L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
= 11521M3/1 ADDICESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddrag on our wood	
agent and/or the new registered office address here:	address on our records, enter the na	
		2021 OCT
Name of New Registered Agent:		OCT T
New Registered Office Address:		T-L
	Enter Florida streat address	mo P
	, Florida	
New Registered Agent's Signature is about to	City	Zip Code N
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	Address	Type of Action
AMBR	Dairon Lazaro Padron Martinez	3202 SW 87 PL	E Add
	·	Miami, Florida 33165	□Rетюve
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			DAdd
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			□Remove
			□Change
			Miami, Florida 33165
			□Remove
			□ Change
			□Add
			Remove
			Change

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u></u>		
		
		
		
		
Effective date	if other than the date of filing: (optional)	
(If an effective date	is listed, the date must be succific and cannot be prior to date of filing or more than 00 days after filing 1 Propries to 605 coops	7 (3
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the record specifie ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
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Dated 05/21/202		i
	M. 3	į
	HAS == 25 ==	
	Signature of a member or authorized representative of a member	
	Dairon Lazaro Padron Martinez	

Filing Fee: \$25.00