

L210000212320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

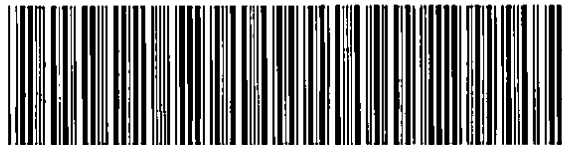
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400378698524

RECEIVED
2022 JAN -7 AM 8:40
2022 JAN -7 AM 10:58
SECRETARY OF THE TREASURY
U.S. DEPARTMENT OF THE TREASURY

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/06/2022

Acc#I20160000072

en: L SW

Name:	IMPOSSIBLE KICKS TWO LLC
Document #:	
Order #:	14072311

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPOSSIBLE KICKS TWO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia C. Klaneski, Paralegal

Name of Person

PULLMAN & COMLEY, LLC

Firm/Company

90 State House Square, 13th Floor

Address

HARTFORD, CT 06103

City/State and Zip Code

cklaneski@pullcom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia C. Klaneski, Paralegal

at 860 541-3331

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	IMPOSSIBLE KICKS HOLDING COMPANY LLC	P. O. BOX 1201, STRATFORD, CT 06615	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOCADLO, WAYNE M.		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET
JAN 20 2020
AM 11:40

2022 JAN -7 AM 3:10
SECURITY
TALLER

[illegible]

2022 JAN -7 AM 8:40
REC'D
FALLEN ST.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 10, 2021

Signature of a member or authorized representative of a member

Impossible Kicks Holding Company LLC, Manager, by Raymond Bastarache, Its Manager

Typed or printed name of signee

Filing Fee: \$25.00