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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 7/21/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 937071

ORDER ENTITY

IMPACT HOLDINGS SOUTH SHORE, LLC

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IMPACT HOLDINGS SOUTH SHORE, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: APRIL@RMONTGOMERY-LAW.COM

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, July 21, 2021 Page I of I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPACT HOLDINGS SOUTH SHORE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{JULY 1, 2021}}{\text{ULY 1, 2021}}$ _____ and assigned Florida document number 1.21000304752 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

. Florida

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>	Type of Action
MGR	MURRAY COLEMAN	980 SEMINOLE STREET	= Add
		CLERMONT, FL 34711	□Remove
			□Change
			□Add
			□Remove
			□Change
			🖸 Add
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Effective date, if other than the date	e of filing:		(optional)	
f an effective date is listed, the date must be s	specific and cannot be prior to	date of tiling or more th	ian 90 days after filing.) Purs	suant to 605.0207
Note: If the date inserted in this block of document's effective date on the Depart		ole statutory filing rec	quirements, this date will	not be listed as I
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Dated	2021			
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Sien	ature of a member or authori	ized representative of a	member	
Sign	ature of a member of authori	ized representative of a	member	

Filing Fee: \$25.00