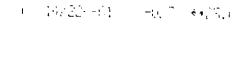
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Y. SCOTT JAN 2 2 2022

COVER LETTER

TO: Registration Se Division of Cor					
	BAL IMPACT ENTERPRISE	LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Camilo Espinosa				
		Name of Person			
	Loigica PA				
		Firm/Company	202 Si		
	40 SW 13th Street Suite 10	02	2022 JAN 14 PM 2: 04 SECRETADY RESULTATION		
		Address			
	Miami/Florida/33130		의 기계		
		City/State and Zip Code	19.57		
	eamilo.espinosa@loigica.eo		1.1		
For further information c	n-mail address: (to be used for future annual report no all:	outreation)		
Camilo Espinosa		786 2929704			
Name o	f Person		me Telephone Number		
Enclosed is a check for the	ne 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		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 632	.7	The Centre of	Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	illity Company as it now appears on our roida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number L21000427135		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		25 2 T
(Principal office address MUST BE A STREET ADL	DRESS)	
		워싱 프 (그)
Enter new mailing address, if applicable:	····	E. 11. 2:0
(Mailing address MAY BE A POST OFFICE BOX)		· A +
	A	.
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
The Articles of Organization for this Limited Liability Florida document number L21000427135 This amendment is submitted to amend the following: A. If amending name, enter the new name of the liability The new name must be distinguishable and contain the words "It Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registed agent and/or the new registered office address here Name of New Registered Agent:	Сііу	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Clara L. Reategui Cipriani	5373 Cedar Lake Rd Apt. 1411 Boynton Beach	□Add
		FL. 33437	≡ Remove
			□Change
			□Add
			Remove
			7022 Change
		COT STATE	Add P
		्राप्ती 	.F □Change
			□Add
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Effective date, if other than the date of filing:	1 0.70	(op	tional)		0307
Note: If the date inserted in this block does not meet the a	pplicable statutory fi	iling requirements, t	his date wi	III not be list	ed as t
document's effective date on the Department of State's rec	ords.				
e record specifies a delayed effective date, but not an effect rd is filed.	ive time, at 12:01 a.i	m, on the earlier of:	(b) The 9	90th day after	r the
Oprobus 10th)				
Dated October 10th, 2021	$\frac{1}{2}$				
	(64 -				
Signature of a member or	authorized represental	tive of a member			
Clara L. Reategui Cipriani					
	printed name of signe	e	_		