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A. BUTLER MAR 17 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Signifeant In	npact Property Managemen	t LLC
SUBJECT.		Name of I.	imited Liability Company
The enclosed	Articles of A	Amendment and fee(s) are s	ubmitted for filing.
Please return	all correspor	ndence concerning this matt	er to the following:
		Jaime Castro	
		-	Name of Person
		Significant Impact Prope	errty Managmenet LLC
		<del></del>	Firm/Company
		3993 Roberts Point Road	j
		-	Address
		Sarasota, FL 34242	
			City/State and Zip Code
		lisa@lisacastro.com	
		E-mail address	: (to be used for future annual report notification)
For further in	formation co	oncerning this matter, please	call:
Jaime Castro			503 318-6365 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is a	check for the	e following amount:	
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address:
Registration Section Division of Corporations			Registration Section Division of Corporations
	Box 632	•	The Centre of Tallahassee
		2415 N. Monroe Street. Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 MAR -7 AM 10: 41

Signifcant Impact Property Managment LLC

(Name of the Limited Liability Company as it now appears on our necords:) SSEE, F. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{11/19/20}{1}$	and assigned
Florida document number 1.21000498079	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Significant Impact Property Management LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	ation "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 record	ls, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Designand Agency	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida str	reet address
	, Florida
Cuy	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 Ages

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
			Add
			□Remove
			□ Change
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			□Remove
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