L22000009588

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only) state 2.ph Hone 1/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp			>	
SUBJE	Impact Unive	ersity, LLC			
30191		Name of Limit	ed Liability Company		
The en	closed Articles of A	amendment and fee(s) are subm	nitted for filing.		
Please	return all correspon	dence concerning this matter to	the following:		
		Atavia Barnes			
			Name of Person		
		Impact University, LLC			
			Firm/Company		
		8440 Southern Park Drive			
			Address		
		Tallahassee, FL 32305			
			City/State and Zip Code		
		atavia@impactuniversity.cor			
		E-mail address: (to	be used for future annual report t	otrication)	
For fur	ther information ec	neerning this matter, please cal	II:		
Atavia	a Barnes		850 9802914 at ()		
	Name of	Person	Area Code Day	time Telephone Number	
Enclos	sed is a check for th	e following amount:			
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Copy	Status &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Compa ida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L22000009588	Company	were filed on $\frac{01/03/2022}{}$	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liab	ility company here:	
The new name must be distinguishable and contain the words "L	imited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9819 EVERGLADES D	RIVE
(Principal office address MUST BE A STREET ADI	DRESS)	NAPLES, FL 34120	2023
•		<u></u>	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
			$\frac{1}{\omega}$
Enter new mailing address, if applicable:		-0 : -::	
(Mailing address MAY BE A POST OFFICE BOX)			
			··
B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office e:	address on our records,	·
Name of New Registered Agent: Roo	drigo Luna		
New Registered Office Address: 981	19 EVERGE	LADES DRIVE	
THE REGISTER OFFICE FRANCES		Enter Florida stree	t address
NA	PLES		, Florida
_		City	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.

f 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>	<u>Address</u>	Type of Action
AMBR	Rodrigo Luna	9819 EVERGLADES DRIVE	
		NAPLES, FL 34120	Remove
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