L22000066403

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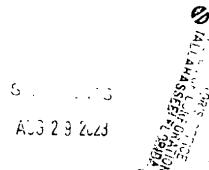
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WALK IN

	PICK	CUP:	BROOK 8/24	
	CERTIFIED COPY			
XX	РНОТОСОРУ			
	CUS			
XX	FILING	LL	C AMEND	
	GLOBAL IMPACT PR		TS LLC	
	(CORPORATE NAME AND DOCT	JMENT #)		
	(CORPORATE NAME AND DOCI	UMENT #)		
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		JMENT #)		

COVER LETTER

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elfo le <i>c</i> er.		act Products LLC		`
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Gerald Schilian		
		******	Name of Person	
		Schilian & Watarz, PA		
			Firm/Company	
		7000 W. Palmetto Pk. Rd.,	Suite 210	
			Address	
		Boca Raton, FL 33433		
		and Chabilian law and	City/State and Zip Code	
		gerry@schilianlaw.com E-mail address: (to be used for future annual report noti	fication)
For further in	formation co	oncerning this matter, please or	all:	
Gerald Schil			561 994-8830	
	Name of	F Person	at ()	e Telephone Number
Enclosed is a	check for th	e following amount:		
≅ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Piling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	ding Address gistration S vision of C D. Box 632 lahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Impact Products LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	cords.)
The Articles of Organization for this Limited Liability Company v	ere filed on 2/18/2022	and assigned
Florida document number L22000066403		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	
Enter new principal offices address, if applicable:		202
• •		7 •
(Principal office address MUST BE A STREET ADDRESS)		
		~ ~ ~
		•••
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		20
B. If amending the registered agent and/or registered office ac	ldress on our records, e	nter the name of the new registered
agent and/or the new registered office address here:	<u></u>	
Manne of New Designatured Agents		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street a	ddress
·		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	erformance of my dutte ovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is
company made contravigiou in ming of mile 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
MGR	CHRISTINE ORMAN	1963 W. MCNAB RD.	
		POMP∴NO BEACH, FL 33069	⊠Remove
			DChange
			∐Add
			□Remove
			Change
		<u> </u>	(JAdd
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noting data. If other	r than the date of fil	du			
effective date is listed, e: If the date inserte	the date must be specific ed in this block does not the Department of	and cannot be prior to dat of meet the applicable s	e of filing or more than 90	days after filing.) Pursual	nt to 605.026 be listed a
cord specifies a delay filed.	yed effective date, but i	not an effective time, a	t 12:01 a.m. on the ear	lier of: (b) The 90th d	lay after the
ed August 24, 2023		·			
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