9/11/22, 11:32 AM

Division of Corporations

# Florida Department of

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMPACT CODING ACADMEY LLC

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# COVER LETTER and

	tion Section 4 Corporations				
	ACT CODING ACADMEY LLC				
\$66JEC1:	Name of Limited Liability Company				
	cles of Amendment and fee(s) are submitted for filing.				
Please return all co	orrespondence concerning this matter to the following:  Cheyenne Moseley				
	Name of Person				
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	Firm/Company				
	101 N Brand Blvd 11th FI				
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPACT CODING ACADMEY LLC		
(Name of the Limited L (A I	Jability Company as it now appears on our records.) Jorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1.22000353559	lity Company were filed on 08/11/2022	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Impact Coding Academy LLC		
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	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	_ <del></del>
	registered office address on our records, ente	er the name of the new
registered agent and/or the new registered office	<u>address here</u> :	022 SE
Name of New Registered Agent:		F
New Registered Office Address:		- <u>-                                  </u>
	Enter Florida street address	
	, Florida _	<u> </u>
-	Сиу	Zip Cod

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

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<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
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			☐ Remove
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		<del></del>	Change
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			D Change

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i Maneur	ling any other information, enter change(s) here: (Auach additional sheets, if necessary.)
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<del>vote:</del> If	date, if other than the date of filing:  (optional)  (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the affective date on the Department of State's records.
a recor The 9	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the parlier of: Oth day after the record is filed.
ated	September 6. 2002.  Mys M. Lull
	Signature of a member or authorized representative of a member
	Greyson Gardner
	Typed or printed name of signer

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Filing Fee: \$25.00