

L22000353559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Impact Coding Academy LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greyson Gardner

Name of Person

Impact Coding Academy LLC, D/B/A Impact Development Consulting

Firm/Company

204 37th Ave N #189

Address

Saint Petersburg, Florida 33704

City/State and Zip Code

greyson@impactdevconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greyson Gardner

571 355-6027
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



12/17/24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2024

GREYSON GARDNER
204 37TH AVE N #189
SAINT PETERSBURG, FL 33704

SUBJECT: IMPACT CODING ACADEMY LLC
Ref. Number: L22000353559

We have received your document for IMPACT CODING ACADEMY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Amendment are for amending the LLC only. Delete any reference to the DBA name in the Articles. You may send an email to change the DBA name address go to Sunbiz.org/Manage Change Existing Business/Update your information/Update your fictitious name information.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 924A00025675

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove all references of 2805 Northwest Dr. P. In Hbbr
FL 34684

2024 DEC 17 PM 4:24
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/11, 2024


Signature of a member or authorized representative of a member

Grayson Gardner
Typed or printed name of signer