

L22000381728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

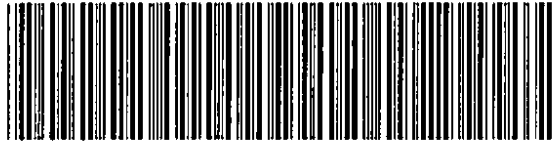
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Signature

Office Use Only



400395228634

2022 OCT -3 PM 3:41

2022 OCT -5 PM 2:45

OCT 07 2022

D CUSHING

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: I20210000160 Amount: paid \$25.00

Authorization Signature *[Signature]*
Impactful Consultant Services LLC L22000381728

Business Name

Document #

Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy (s) of Articles of

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ **CORP**
___ LLLP

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ ARTICLES OF CORRECTION
___ APOSTIL () ___
Country

AMMENDMENTS

X Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ **Conversion**
___ Articles of Conversion
___ Resignation

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement
___ Other

2022 OCT -5 PM 2:45

10:17:57

XAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPACTFUL CONSULTANT SERVICES 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:

PULA MIKHAIL

Name of Person

IMPACTFUL CONSULTANT SERVICES LLC

Firm/Company

2143 DRYDEN COURT

Address

MELBOURNE, FL, 32935

City/State and Zip Code

IMPACTFULCONSULTANT@GMAIL.COM

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

For further information concerning this matter, please call:

PULA MIKHAIL

321

474-2407

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: IMPACTFUL CONSULTANT SERVICES LLC
Ref. Number: L22000381728

We have received your document for IMPACTFUL CONSULTANT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 822A00022065

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IMPACTFUL CONSULTANT SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/30/2022 and assigned
Florida document number L22000381728.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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: _____

(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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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.

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

[illegible]

[illegible]

(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)

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.

Pula Mikhail

PULA MIKHAIL.

Filing Fee: \$25.00