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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

7 (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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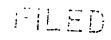
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The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return a	ll correspo	ndence concerning this matter	to the following:				
		Patrick Cleaver					
			Name of Person				
		Impact Title, LLC					
		·	Firm/Company				
		8 Interplex Drive, Suite 11	7				
			Address				
		Trevose, PA 19053					
			City/State and Zip Code	· •···			
		compliance@wwlandtransfe	er.com to be used for future annual report no	ntification)			
For further info	ormation co	oncerning this matter, please c		, mountain,			
Patrick Cleave	r		215 245-5650 x				
	Name of	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a c	heck for th	ne following amount:					
■ \$25.00 Fil	ing Fcc	[] \$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)			
Maili	ng Addres	s:	Street <u>Address:</u>				
Regi	stration S	Section	Registration S				
	sion of C Box 632	orporations 7	Division of Co The Centre of	-			
		FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2024 JUL 30 AM 10: 54

Impact Title, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	MELAHASSEE, FLORIDA			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000399703</u>	were filed on 09/15/2022	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	900 NW 17th Avenue				
(Principal office address MUST BE A STREET ADDRESS)	Suite 202				
	Delray Beach, FL 33445				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addres	:5			
	, Flo	orida			
	\$ 107				

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 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
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ecord specifies a delayed effectivistics is filed.	e date, but not a	n effective tin	ne, at 12:01 a.i	n. on the earlie	r of: (b)	The 90th	day afte	er the
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Filing Fee: \$25.00