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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMPACT PARTNERS GROUP LLC

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COVER LETTER

	COVERCE				
TO: Registration S Division of Co					
	PARTNERS GROUP LLC				
SUBJECT:	Name of Limited Liability Co	тралу			
	Amendment and fee(s) are submitted for filing ondence concerning this matter to the following				
	Cheyenne Moselcy				
	Name of	Person			
Legalzoom.com, Inc.					
	Firm/Company				
	101 N Brand Blvd 11th Fl				
	Addre	ess ess			
	Glendale, CA 91203				
	City/State and info@impactpartnersco.com	Zip Code			
	E-mail address: (to be used for fut	ture annual report notification)			
For further information of	concerning this matter, please call:	,			
Cheyenne Moseley	800 at (773-0888			
Name o	of Person Area	Code Daytime Telephone Number			
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	Certificate of Status Certified	iling Fee & U \$60.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

Tọ<u>:</u>

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL

COZEMOV -3 PM 3: 13

TALLAHASSEE FLORIDA

IMPACT PARTNERS GROUP LLC

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

	BRADENTON	, Flor	rida 34211 Zio Code
	C,		
- 3 110H.010.00 S.1100 J.14410.00	F.	nter Florida street address	
New Registered Office Address:	6808 CR 675		
Name of New Registered Agent:		······································	
egistered agent und or the new registered	onec address here.		
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records,	enter the name of the nev
			
	, non		
(Mailing address MAY BE A POST OFFICE	F ROXI		
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new principal offices address, if appli	cable:		
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC"	or the abbreviation "L.L.C."
IMPACT PARTNERS GROUP LLC			
A. If amending name, enter the new name.	of the limited liability comp	oany here:	
This amendment is submitted to amend the fol	lowing:		
Florida document number L22000415634	·		
	bracently company were thee		
The Articles of Organization for this Limited I		1 6 2: 1	and assigned

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 heing 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

To:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROBIN C STIN	6803 CR 675	
		BRADENTON - FLORIDA, FL 34211	■ Remove
			Change
AMBR	Robin Christine Stinson	6808 CR 675	■ Add
		BRADENTON, FL 34211	🖸 Remove
			Change
AMBR	TEASHA M BELL	6808 CR 675	
		BRADENTON - FLORIDA, FL 34211	■ Remove
			Change
AMBR	Teasha Maria Wilda Bell	6808 CR 675	Add
		BRADENTON, FL 34211	Remove
			□ Change
			AHD Remove
			A \$SELECTION Change Control Change Control Change Control Change Control Contr
		 	□ Remove
			Change

	Page: 6 of 6	2022-11-03 12:15:15 PDT	LegalZoom com, Inc.	From: Danielle Ger
D. If a	mending any other informs	tion, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
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			33.	T T
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			3	Sign Co
				P 3
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(If an <u>Not</u>	e: If the date inserted in this bl	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursu filing requirements, this date will no	ant to 605,0207 (3)(b) ot be listed as the
aoci	ument's effective date on the D	epartment of State's records.		
If the r (b) Ti	record specifies a delayed ne 90th day after the rec	l effective date, but not an effecti ord is filed.	ve time, at 12:01 a.m. on th	e earlier of:
Date	ed	, 232		
	Rhi Ste	nen		
		orginature of a member of authorized represent	auve of a member	
	Robin Christine Stinson	Typed or printed name of sign	PP	

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