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Office Use Only

A. RIVERS

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SECRETARY OF STATE TALLAHASSEE, FLORID!

COVER LETTER

Registration Section Division of Corporations

TO:

Make My I	mpact LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Conrad Hall					
	Name of Person					
	Make My Impact					
		Firm/Company				
	5764 N ORANGE BLOSSOM TRL PMB 6444					
	Address					
	ORLANDO, FL 32810					
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	conrad@signaturesuccess.c					
	E-mail address: (to be used for future annual report no	otification)			
For further information c	oncerning this matter, please ca	all:				
Conrad Hall		303 489-0107				
Name of Person		Area Code Dayti	me Telephone Number			
Enclosed is a check for the	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee roe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
y were filed on October 04, 2022	and assigned
bility company here:	
ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
address on our records, enter the n	A Proof the new register
	ILE ST 17 ETARY MASSI
Enton Electric street address	15 TO
	RISE OI
, Florida	Zip Code
	address on our records, enter the national street address Enter Florida street address , Florida

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>	Address	Type of Action
MGR	Karen Smith	5764 N ORANGE BLOSSOM TRL PMB 6444	≣ Add
		ORLANDO, FL 32810	□Remove
			Change
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an effective date is listed, the Note: If the date inserted	han the date of filing: e date must be specific and cannot in this block does not meet the on the Department of State's r	applicable statutory filing		
record specifies a delayed d is filed.	l effective date, but not an effe	ective time, at 12:01 a.m. o	on the earlier of: (b) The 90th	n day after the
October 11		2		
		1/1		

Typed or printed name of signee