L23000085787

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COVER LETTER

TO: Registration Section

Division of Cor	rporations —				
	OBAL LLC				
SUBJECT:	Name of Lin	aited Liability Company			
T1	10.7				
The enclosed Articles of	Amendment and fee(s) are sub	imitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CHOWDHURY KABIR				
		Name of Person			
	CMAX CONSULTING IN	KC.			
		Firm/Company		27	
	4928 10TH AVE N			<u>:</u>	
Address GREENACRES. FL- 33463 City/State and Zip Code ckabir7@gmail.com					
	GREENACRES. FL- 3346	53			
		City/State and Zip Code		==	
	- -			ယ္	
	E-mail address: (to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	aff:			
CHOWDHURY KABIR		561 317-4598			
Name o	f Person		me Telephone Number		
Enclosed is a check for the	ne following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection		
Division of C		Division of Co			
P.O. Box 632		The Centre of	Tallahassee		
Tallahassee, 1	FL 32314	2415 N. Mont	oe Street, Suite 8	10 '	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPEX GLOBAL LLC
(Name of the Limited Liability Company as it now appears on our records.)

	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000085787	were filed on 02/16/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LI	
Enter new principal offices address, if applicable:		. 1
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	5036 SOLAR POINT DRIV	: · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	GREENACRES, FL - 33463	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>ents</u>	er the name of the new registered
New Registered Office Address:	Enter Florida street addr	ess
		Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			== ☐Change
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			□Remove

Effective date, if other than the date of filing: O2/16/2023	
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	(05 030)
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	
IS DICC.	day ₍ after the
	:
MAY 10TH 2023	:
	_
Signature of a member or authorized representative of a member	•

Typed or printed name of signee