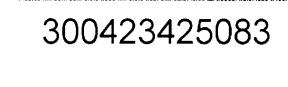
# L23000462849

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:
<b>j</b> . 1	HORNE
FE	3 2 3 2024
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## **COVER LETTER**

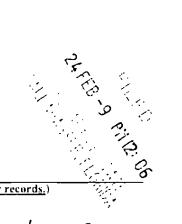
Division of Corporations	<b>من</b>
SUBJECT: IMPRESSIVE Partees LLC	_
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michelle Margotta	
Impressive Parteelle	
1153 LOXSE CIRCLE	
SPRING HIL FL 34606	
Michargo Ha @ amail. com E-mail address: (to be used for furre annual report notification)	
For further information concerning this matter, please call:	
Michelle May tha at (352) 277-6581  Name of Person Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Impressive Partees 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 10/0	6 / 2023 and assigned
Florida document number <u>L 230004628</u> 4	9	- / 0
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	- · · · · · · · · · · · · · · · · · · ·	
TMPRESS ABILITEES LLC The new name must be distinguishable and contain the words "Limited Liabil	·	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
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	ddress on our records,	enter the name of the new registered
agent and/or the new registered office address here:		
Name of CN and David a mod A court		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	
		Florida Zip Code
	C t.ỳ.	zip Coae
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
		<del></del>	□Change
			□Add
			□Remove
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(If an effect Note: If	de date, if other than the date of filing:
he record ord is filed	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
Dated _	2/7/2024
	MMaguttu Signature of a member or authorized representative of a member
	2/1/2024  MMaguttu  Signature of a member or authorized representative of a member  Michelle Margotta  Typedfor printed name of signee