



State of Rhode Island

Department of State - Business Services Division

2021 NOV 18 PM 12:06

STATE
R.I. DEPT. OF STATE
BUS SVCS DIV

Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: 001690969	2. The name of the limited liability company is: Impact Berg, LLC
3. If the entity's name is changing, state the new name: Acosta Berg, LLC Check the box to indicate no change ☐	
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
4. If the period of duration has changed in the home state, complete the following section: CHECK ONE BOX ONLY ☐ Perpetual (on-going) ☐ Date certain for dissolution _____ Check the box to indicate no change ☒	
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section: Check the box to indicate no change ☒	
6. If the mailing address is changing complete the following section: Check the box to indicate no change ☒	
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i> Check the box to indicate an attachment ☐ Check the box to indicate no change ☒	

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

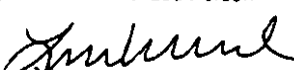
Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY CA 5AC26
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8. If the management structure has changed, complete the following section:	
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX	
☐ Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)	
☐ One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)	
MANAGER	ADDRESS
Check the box to indicate no change ☒	
9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.	
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.	
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY	
☒ Date received (Upon filing)	
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Limited Liability Company	Date
Lauren Underwood, Attorney-in-Fact	11/18/2021
Signature of Authorized Person	
	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 451 - Revised: 08/2020

Limited Power of Attorney

The undersigned Officer of Impact Berg, LLC, a Delaware entity ("the Company"), appoints Lauren Underwood as attorneyinfect(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Caitlin Lazarus, Special Manager grants to the attorneyinfect the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Computershare Governance Services Inc. d/b/a Corporate Creations, 801 US Highway 1, North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 18th day of November, 2021.

Impact Berg, LLC

By: _____

Name: Caitlin Lazarus

Title: Special Manager

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 18th day of November, 2021.

Notary Public

