725495

(itequesions mainle)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Helin Mewi Hillh. Adoption

Office Use Only



800348940248

07/28/20--01032--022 **35.00

2020 11.03 11.1:23

Anund

SEP 2-9 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:				
725495 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
, ((Name of Contact Person)			
Helen Mew				
	(Firm/ Company)			
Impact Property Management Inc #2 08				
	(Address)			
908) Lime Bay Blvd				
•	City/ State and Zip Code)			
Tamarac, F1. 3332 1				
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please of	call:			
	at 954 - 999 - 638 & (Area Code) (Daytime Telephone Number)			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:			
XI \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1 I'ME RAY MAINAMINIMIM INV

(Name of Corporation as currently filed with the				
725495				
	ient Numbe	r of Corporation (if kr	iown)	
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not Fo</i> .	r Profit Corporation adopts the follo	owing
A. If amending name, enter the new name of the	e corporatio	<u>on:</u>		
				new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam-		on" or "incorporated	" or the abbreviation "Corp." or "I	пс. ''
B. Enter new principal office address, if applica				
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		182	
				<u>.</u>
	_)
C. Enter new mailing address, if applicable:	BON1			
(Mailing address MAY BE A POST OFFICE	<u>BUA</u>)			1. 1. 23
	-			ب نې
				ىن.
	-4 d - CAT		anton the name of the	
 If amending the registered agent and/or registered agent and/or the new register 			enter the name of the	
Name of New Registered Agent:	Helen Mew			
<u>wame oj wew Registerea Agem</u> .	9190 Lime	Ray Rlyd	<u></u>	
		•	orda street address)	
New Registered Office Address:			·	
	Tamarac		, Florida 33321	
		(City)	(Zip Code)	—
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			the obligations of the position.	
-	Sig	nature of New Registe	re.! Agent, if changing	

and address of each Off (Attach additional sheets Please note the officer/di P = President: V = Vice	Geer and/or Direct if necessary) irector title by the President; T= Trect Chief Financial	tor being added: first letter of the office title; isurer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more th	r/director being removed and title, name, rustee: C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office
Changes should be noted a change, Mike Jones lee Mike Jones, V as Remove	ives the corporation	on, Sally Smith is named the V and S. These	PST and Mike Jones is listed as the V. There is should be noted as John Doc, PT as a Change,
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Tide</u>	Name	<u>∆ddres</u> s
1) Change Add	VP	Oscar GONZALES	9190 Lime Bay Blvd Tamarac, FL 33321
 Remove Change Add 	<u>T</u>	Diane Glynn	9190 Lime Bay Blvd Tamarac, FL 33321
Remove	<u>S</u>	Norma Rojas	9190 Lime Bay Blyd Tamarac, FL 33321
4) Change Add	<u>D</u>	Barry Shapiro	9190 Lime Bay Blyd Tamarac, FL 33321
Remove			
5) Change Add			
Remove 6) Change			
Add Remove			
E. If amending or add (attach additional she		ticles, enter change(s) here: (Be specific)	

			<u></u>		
,					
		-			
			<u>.</u>		
				·	
	.				
	<u> </u>			· -	
		<u> </u>			
				·	
	<u> </u>		·		
	. <u> </u>	 .	· 		
					
	·				
		<u> </u>			
The date of each amendment(s) adoption date this document was signed.	on:				, if other than the
Effective date if applicable:	(no more than 9				
Note: If the date inserted in this block document's effective date on the Departm	oes not meet the a nent of State's rec	ipplicable statu cords.	tory filing requi	rements, this date v	will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)			

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated $\frac{7/27/26}{}$
	Signature Jataice Jules (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Patricia Biarke (Typed or printed name of person signing)
	President
	(Title of person signing)

.