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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LABORATIVE IMP	ACT INC			
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fer	e are submitted for f	iling.			
Please return all correspondence concerning	this matter to the fol	lowing:			
IMOIMION IMOUKHUEDE					
	(Name of 0	Contact Persor	1)		
	(Firm/	Company)			
7801 POINT MEADOWS DRIVE UNIT 64	02				
	(A	ddress)	_	-	
JACKSONVILLE, FL 32256					
	(City/ State	and Zip Code	2)		
Hello@1Impact.org					
E-mail address: (to	o be used for future	innual report i	notification	i)	
For further information concerning this matte	er, please call:				
IMOIMION IMOUKHUEDE		904 at		990-3289	
(Name of Contac	et Person)		ea Code)	(Daytime Telephone Nun	nber)
Enclosed is a check for the following amount	made payable to the	: Florida Depa	rtment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified	Copy al copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section			Address	on	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FIFD

	01	i i i i i i i i i i i i i i i i i i i
ONE COLLABORATIVE IMPACT INC		0000 FED 0 04 10 10
(Name of Corporation as currently filed with the Florida	Dept. of State)	2022 FEB -8 PM 12: 10
N22000000029		SECRETARY OF STATE
(Document Numb	ber of Corporation (if known)	- TALLAHASSEE, FL
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Proj	fit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	he abbreviation "Corp." or "Inc."
D. If amending the registered agent and/or registered offi	ice address in Florida, anter	the name of the
new registered agent and/or the new registered office a		the name of the
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida si	reet address)
		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	N/A			
Remove				
2) Change Add				
Remove 3) Remove Add Remove	. <u></u>	_		
4) Change Add		_		
Remove				
5) Change Add		-		
Remove				
6) Change Add				
Remove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Add article:				
The organization is organized exclusively for charitable and educational purposes under Section 501c3 of the Internal				
Revenue Code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within				
the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code,				
or shall be distributed to the federal government, or to a state or local government, for a public purpose.				

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<u> </u>		
The date of each amendment(s) adoption	:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	no more than 90 days after amendment file date)	
· ·		
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not lead to form the state's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
□ m 1 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	There are no membe adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
	J. Dated _	anuary 27, 2022
	h	y the chairman of vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
		Imoimion Imoukhuede
		(Typed or printed name of person signing)
		President
		(Title of person signing)