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COVER LETTER

TO: Amendment Section Division of Corporations

ONE COLLABORA' NAME OF CORPORATION:	TIVE IMPACT INC		
N2200000029			
DOCUMENT NUMBER:	_		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
IMOIMION IMOUKHUEDE			
	(Name of Contact Pers	son)	-
-	(Firm/ Company)		
7801 POINT MEADOWS DRIVE UNIT 6402			
	(Address)		
JACKSONVILLE, FL 32256			
	(City/ State and Zip Co	ode)	
Hello@IImpact.org			
E-mail address: (to be used	for future annual repor	rt notification)
For further information concerning this matter, please	call:		
IMOIMION IMOUKHUEDE	-	104	990-3289
(Name of Contact Person)	at	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida De	epartment of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)

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

(Name of Corporation as currently filed with the Florida Dept. of State)

*	to	
A	rticles of Incorporation of	The out of
ONE COLLABORATIVE IMPACT INC		
Name of Corporation as currently filed with the Flo	rida Dept. of State)	100
N22000000029		
·	Number of Corporation (if kn	
ursuant to the provisions of section 617.1006, Florida smendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	• Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
<u></u>		
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	rporation" or "incorporated	The new "or the abbreviation "Corp." or "Inc."
1. Parameter and the latest and the	N/A	
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR 	RESS)	
	 ,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A	
		
. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:	·	
New Registered Office Address:	(Flo	rida street address)
		ri i
	(City)	, Florida (Zip Code)
	(0,/	(any Code)
Sew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It		he obligations of the position.
		40-9
	Signature of May Paginta	rad toout if charains

Signature of New Registered Agent, if changing

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)	Title	<u>Name</u>	<u>c</u>	Address
1) Change Add	DIR	PAU	JL WILTZ SR	123 Sybil Drive, Lafayette, LA 70507
Remove				
2) Change Add				
Remove 3) Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional sheet			nter change(s) here: pecific)	
Add article:				
The organization is organi	ized excl	sively for char	ritable and educational purposes un	der Section 501c3 of the Internal
Revenue Code. Upon the	dissolutio	n of the organi	ization, assets shall be distributed for	or one or more exempt purposes within
the meaning of section 50	1(c)(3) of	the Internal Re	evenue Code, or corresponding sec	tion of any future federal tax code,
or shall be distributed to the	he federa	government o	or to a state or local government, fo	r a nublic numose

•	•	
		
		
	<u> </u>	
	<u> </u>	
		
		
		
		<u> </u>
-		
The date of each amendment(s) adoption:		if other than the
date this document was signed.		, ii omer man me
date this document was signed.		
Effective date if applicable:		
(n	no more than 90 days after amendment file date)	
(and the same of th	
<u>Note:</u> If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be t of State's records.	listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

opted by the board	of directors.
	ctober 12th, 2022
Dated	
	\mathcal{L}
Signature	Meaner
	the chairman or vice chairman of the board, president or other officer-if directors
ha	we not been selected, by an incorporator – if in the hands of a receiver, trustee, or
ot	her court appointed fiduciary by that fiduciary)
	Imoimion Imoukhuede
	(Typed or printed name of person signing)
	President
	Tegracia
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were