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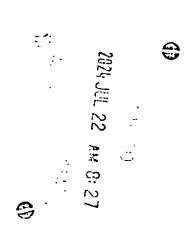
(Re	equestor's Name)	· .
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

IMPACT FOR LIFE NAME OF CORPORATION:	INC.		
N24000006177 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
SHENAVIAN F. BURNS			
	(Name of Contact Persor	1)	
IMPACT FOR LIFE INC.			
	(Firm/ Company)		
6264 HAWK VIEW RD			
	(Address)	<del></del>	
JACKSONVILLE FLORIDA 32222			
	(City/ State and Zip Code	e)	
GOODMANCND@YAHOO.COM			array and the College of the rad
E-mail address: (to be used	for future annual report	notification	n)
For further information concerning this matter, please	call:		
SHENAVIAN F BURNS	90- at	1	4828085
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status led Copy tional Copy is used)
Mailing Address  Amendment Section  Division of Corporations	Amend	Address ment Section of Corpo	

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

IMPACT FOR LIFE INC

Name of Corporation as currently filed with the Florida D	Dept. of State)	
N24000006177		
(Document Number	er of Corporation (if known)	
fursuant to the provisions of section 617,1006, Florida Statute mendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the fo	ollowin
If amending name, enter the new name of the corporati	ion:	
		the new
ame must be distinguishable and contain the word "corporat Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or	"Inc."
3. Enter new principal office address, if applicable:  Principal office address <u>MUST BE A STREET ADDRESS</u> )	)	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
	and the second of the second	024
		湮
		من اد د
. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the	_
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		<b>:</b> >
		7
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far		
Si	gnature 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	PT         John D           V         Mike J           SV         Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change Add	SEC	GWENDOLYN W. YOUNG	88 <b>57</b> ROSE HILL DRIVE S. JACKSONVILLE FLORIDA 3222
× Remove			
2) Change x Add	<u>SEC</u>	FARRIS WHITE	15909 RAYMOND STREET MAPLE HEIGHTS, OHIO 44137
Remove 3 ) Remove Add Remove		<del></del>	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
	<u></u>	<u> </u>	

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The date of each amendment(s) adoption date this document was signed.	7/15/2024 nr:	_, if other than the
Effective date if applicable: 7/15/2024		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not lent of State's records.	oe listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the number of votes east for the amendment(s)	

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 7/15/2024 Signature Letter Letter
(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)
SHENAVIAN F BURNS
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)