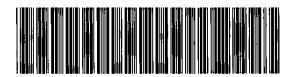
B40009851

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
<u></u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.



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nane Change,

05/28/09--01011--017 **35.00

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Office Use Only

X00789,02544,02976,00671



June 1, 2009

Richard Steinberg IEC 2255 Glades Road, Suite 324A Boca Raton, FL 33431

SUBJECT: IMPACT ENTERPRISE CORPORATION

Ref. Number: P04000009851

We have received your document for IMPACT ENTERPRISE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000055593.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 609A00018355

SECRETARY OF STATE TALL AHASSEE, FLORIDA

RECEIVED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Impact Enterprise Corporation			
DOCUMENT NUMBER:	JMBER: P0400009851			
The enclosed Articles of Amendment an	nd fee are submitted for filing.			
Please return all correspondence concer	ning this matter to the following:			
	Richard Steinberg			
	Name of Contact Person			
	IEC Firm/ Company			
	гии <i>г</i> Сонрану			
***************************************	140 dunwoody drive			
	Address			
and the state of t	Athens, GA 30605			
	City/ State and Zip Code			
GG E-mail address: (ofuzzybrush@gmail.com to be used for future annual report notification)			
For further information concerning this	matter, please call:			
Richard Steinberg	at (561) 703-0082			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following an	nount made payable to the Florida Department of State:			
\$35 Filing Fee S43.75 Filing Fee Certificate of State				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

3 4 4

FILED

Impact Ente	erprise Corpor	ration ,	2009 JUN 17 PM 12	21
(Name of Corporation as curre	ntly filed with the	e Florida Dept. d	TState)	. 31
	000009851		SECRETARY OF STALL AHASSEE, FLO	ATE Rida
(Document Num	iber of Corporation	n (if known)	,	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes	, this <i>Florida Pr</i>	ofit Corporation add	opts the following
A. If amending name, enter the new name of	the corporation:	_ /_		
	-50A-77	- Almos	415 /11	The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp	p, " "Inc, " or "C	o". A professional o	ed" or the
B. Enter new principal office address, if applicable:		2255 Glades F	Road Suite 324A	
(Principal office address <u>MUST BE A STREE</u>		Boca Raton, F	L 33431	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				_
D. If amending the registered agent and/or r new registered agent and/or the new regis			, enter the name of	the
Name of New Registered Agent:	- · · · · · · · · · · · · · · · · · · ·		·····	
New Projectored Office Address	(Florida	atuant adduna)		
New Registered Office Address: (Florida street a		i sireei aaaress)		
	·		, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as			t the obligations of th	e position.
Si	ignature of New Re	egistered Agent, i	f 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)

<u>Title</u>	<u>Name</u>	• Address	Type of Action
		_/	Add Remove
<u></u>	η.		
	ding or adding additional Article additional sheets, if necessary). (I		
		1 0	
		$\mathcal{J}(\mathbf{q}_{\perp})$	
		\	
<u>provisi</u>	mendment provides for an exchar ions for implementing the amend	nge, reclassification, or cancella ment if not contained in the am	ntion of issued shares, endment itself:
(if i	not applicable, indicate N/A)		
		<u> </u>	
		10/	
		•	

The date of each amendmen	a(s) adoption: $a-1/-0$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
• • • • • • • • • • • • • • • • • • • •	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	75
/ ·	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated	6/4/01
sele	a director, president of other officer – if directors or officers have not been acted, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	11-25/-
	(Typed or printed name of person signing)
	(1) ped at parties issue at position arguing)
	(PREIDING
	(Title of person signing)