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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COE	RPORATION: IMPACT MAINT	ENANCE SERVICES, IM	S, CORP			
	UMBER: P12000026009					
	ticles of Amendment and fee are su	bmitted for filing.				
Please return all	correspondence concerning this ma	tter to the following:				
·	DIMAS B AMADOR					
		Name of Contact Person	n			
	IMPACT MAINTENANCE SERVICES, IMS, CORP					
	Firm/ Company					
•	750 EAST SAMPLE RD., B	LDG 4, UNIT 3				
		Address	· · · · · · · · · · · · · · · · · · ·			
POMPANO BEACH, FL 33064						
		City/ State and Zip Cod	e			
•	Lowa10.lj@gmail.com					
		sed for future annual report	notification)			
•		·				
For further inform	nation concerning this matter, pleas	se call:				
DIMAS B AMADOR		954	654-3469			
. N	ame of Contact Person	at (954) 654-3469 Area Code & Daytime Telephone Number				
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fo	ee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fec Certificate of Status Certified Copy (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 Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

15 NOV 23 AH 4: 57

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) P12000026009 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: DIMAS B AMADOR Name of New Registered Agent 1005 NORTH 18TH CT (Florida street address) HOLLYWOOD New Registered Office Address: . Florida (City) (Zip Code)

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

IMPACT MAINTENANCE SERVICES, IMS, CORP

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

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	:	<u>PT</u>	John Do	P.	
					·
X Remove	;	V	Mike Jo	<u>nes</u>	
X Add		<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Act (Check One		Title		Name	Address
1) Ch	lange	PSTD	_	MARTHA JAQUELINE VANEGAS	750 EAST SAMPLE RD., BLDG
Ac	dd				4, UNIT 3
v	emove				POMPANO BEACH, FL 33064
2) Ch	· : nange	P		DIMAS B AMADOR	1005 NORTH 18TH CT
<u>X</u> Ac	dd				HOLLYWOOD,FL 33020
Ro	emove				
3) Cl	hange				
A	dd				
Ro	ęmove				
4) Ch	iange		_		
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an amendment provides for an	exchange, recla-	ssification, or	cancellation o	f issued shar	es,	
rovisions for implementing the	amendment if n	ot contained in	the amendm	ent itself:		
(if not applicable, indicate N/.	(A)					
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The date of each amendardate this document was sign		, if other than the
	•	
Effective date <u>if applicab</u>	ole: (no more than 90 days after amendment file date)	
:		
Note: If the date inserted document's effective date	I in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	will not be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
	/were adopted by the shareholders. The number of votes east for the amendment(s) as/were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):	
	otes east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was action was not required	/were adopted by the board of directors without shareholder action and shareholder i.	
The amendment(s) was action was not required	/were adopted by the incorporators without shareholder action and shareholder	
Dated		
Signatui		
- Organical	(By a director, president or other officer – if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
·	MARTHA JAQUELINE VANEGAS	
:	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	