## P12000026009

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## COVER LETTER

TO: Amendment Section Division of Corporations

IMPACT MAINTE.  NAME OF CORPORATION:	NANCE SERVICES, IMS CORP
P12000026009	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	ter to the following:
DIMAS B AMADOR	
	(Name of Contact Person)
IMPACT MAINTENANCE SERVICES IMS CORP	
	(Firm/ Company)
750 EAST SAMPLE RD BUILDING 4, UNIT 3	
	(Address)
POMPANO BEACH, FLORIDA 33064	
	(City/ State and Zip Code)
dimasamadorl1@gmail.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	call:
DIMAS B AMADOR	954 654-3469 at
(Name of Contact Persor	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	US43.75 Filing Fee & US52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

IMPACT MAINTENANCE SERVICES, IMS CORP		
(Name of Corporation as currently filed with the Florid	la Dept. of State)	
P12000026009		
(Document Nu	mber of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	nutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpo" (Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u> )	
	<u> </u>	
		28
C. Enter new mailing address, if applicable;		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u>်</u> က
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi  Name of New Registered Agent:		enter the name of the
	(Flo	rida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent: m familiar with and accept i	the obligations of the position.
	Signature of New Registe	rred 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 Doc 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 De           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>V</u>	LOWALY JIMENEZ	2031 W ATLANTIC BLVD APT 302
X Remove			POMPANO BEACH, FL 33069
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove  5) Change Add Remove			
ői Change Add			
E. If amending or addin (attach additional shee	g additional Arti is, if necessary).	cles, enter change(s) here: (Be specific)	

Effective date if applicable:	o more than 90 days			<del> </del>	<del> </del>
The date of each amendment(s) adoption: date this document was signed.	10/15/2024				if other than th
	, <u> </u>	· <u> </u>			
	.,,,-				
			<del></del>		<del></del>
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The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

Ü	There are no mer adopted by the be	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.	
	Dated	10/15/2024	
	Signatur		/
		(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)	
		DIMAS B AMADOR	
		(Typed or printed name of person signing)	
		PRESIDENT	

(Title of person signing)