017000037770

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMERIMPACT C	ORP			
DOCUMENT NUMB					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
J	UAN M SOLIS				
_		Name of Contact Person	1		
A	AMERIMPACT CORP				
-		Firm/ Company			
1	0955 SW 5TH CT APT 101				
_		Address			
F	PEMBROKE PINES FLORI	DA 33025			
		City/ State and Zip Code	e		
amerin	npact@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JUAN M SOLIS		at (⁷⁸⁶	2388014		
Name of	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O. I	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMERIMPACT CORP			
(Name of Corporation as curren	ntly filed with the Florida Dept. of Stat	<u>e</u>)	
P17000037770			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the	following amendment(s) to	
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nar		
B. Enter new principal office address, if applicable:	10955 SW 5TH CT APT 101		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PEMBROKE PINES FLORIDA		
	33025	Annua An	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10955 SW 5TH CT APT 101	NOV T	
, ,	PEMBROKE PINES FLORIDA	SSE _ E	
	33025	- 	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		28 1911	
Name of New Registered Agent			
(Florida :	street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ager	n <u>t:</u>		
I hereby accept the appointment as registered agent. I am familia.	r with and accept the obligations of the p	osition.	
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 Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	MGM	MILO, PAVEL	2233 SW 7TH ST
Add X Remove			MIAMI, FL 33135
2) Change			
Add Remove			
3) Change			
Remove			
4) Change Add			
Remove 5) Change			
Add			
Remove 6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: · (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

. . . .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of volby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separate.	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	cholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
NOVEMBER 7TH, 2017 Dated	
Signature	
(By a director, president or other officer—if directorselected, by an incorporator—if in the hands of a reason appointed fiduciary by that fiduciary)	
JUAN M SOLIS	
(Typed or printed name of person	on signing)
МСМ	
(Title of person sign	ning)

. . . -