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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	PRATION: NEW IMPACT CO	ORP		
DOCUMENT NUM	IBER: P18000061288			
The enclosed Article	s of Amendment and fee are sub	omitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
	YOEL PEREZ RAMOS			
		Name of Contact Person	n	
	EBENEZER ACCOUNTING	S SERVICES CORP		
		Firm/ Company		
	3824 WOODRIDGE TER			
		Address		
	PALM SPRINGS, FL, 3346	1		
		City/ State and Zip Cod	c	
EBE	ENEZERACC@GMAIL.COM			
	-	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
ERNESTO LOPEZ AVILO		561	309-9976	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made p	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	nendment Section	Amendment Section		
	vision of Corporations 2. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NEW IMPAC CORP

(Name of Corpor	ation as currently filed with the Florida Dept. of State A//ASSES TATE
P18000061288	MOSEE, FILL
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applica	ble:
(Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
new Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and accept the obligations of the position.
S	ignature 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>	<u>John D</u>	<u>00e</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	s		YONNI GONZALEZ TITO	67 ABACO DR		
X Add				PALM SPRINGS, FL, 33461		
Remove						
2) Change		_				
Add						
Remove						
3) Change				-		
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change			****			
Add						
Remove						
6) Change						
Add		_				
Remove						

	s). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	-
	
f an amendment provides for an expressions for implementing the ar	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
f an amendment provides for an exprovisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
provisions for implementing the ar	mendment if not contained in the amendment itself:
provisions for implementing the ar	mendment if not contained in the amendment itself:
provisions for implementing the ar	mendment if not contained in the amendment itself:
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provisions for implementing the ar	mendment if not contained in the amendment itself:
provisions for implementing the ar	mendment if not contained in the amendment itself:

The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 20 days after amenament file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will of State's records.	I not be listed as the
Adoption of Amendment(s) (<u>C</u>	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s) approval.	
	he shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
	endment(s) was/were sufficient for approval	
by	oting group)	
(ve	oting group)	
	e board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 8/11/2	* //-	
Signature(J)	1/2	<u> </u>
selected, by an inc	sident or other officer — if directors or officers have not been corporator — if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
ERNEST	O LOPEZ AVILO	
	(Typed or printed name of person signing)	
PRESIDE	ENT	
	(Title of person signing)	