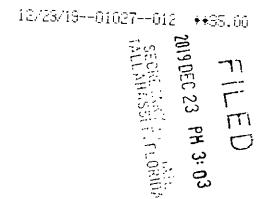
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROGUE IMPACT	INCORPORATED		
DOCUMENT NUMBER: P19000064534				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Iris Patten			
-		Name of Contact Person	<u> </u>	
	ROGUE Impact			
•	Firm/ Company			
	2020 NW 46th Street			
-		Address		
	Gainesville, Florida 32605			
-		City/ State and Zip Cod	e	
irisepa	tten@gmail.com			
	-	sed for future annual report	notification)	
		•		
For further information	concerning this matter, pleas	se call:		
Iris Patten		at (⁵²⁰) 433-0278	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio The C 2415 l	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000064534	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
GEOSPATIAL COLLABORATIVE INC	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(E.S.S.)</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	d office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	am familiar with and accept the obligations of the position.
Signati	ure of New Revistered 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	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change			-	
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
		Page 2 of 4		
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				

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F. If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A) Page 3 of 4	ndment itself:
(if not applicable, indicate N/A)	ndment itself:
Page 3 of 4 The date of each amendment(s) adoption: date this document was signed.	
provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A) Page 3 of 4 The date of each amendment(s) adoption:	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	-	The number of votes cast for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was	s/were sufficient for approval
by		<u> </u>
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of direc	ctors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators	without shareholder action and shareholder
Dated		officer – if directors or officers have not been
Signature J. b	E Pate	
selected, b	tor, president or other y an incorporator – if i fiduciary by that fiduc	in the hands of a receiver, trustee, or other court
Iris	s E Patten	
	* * * * * * * * * * * * * * * * * * * *	nted name of person signing)
		/ Board of Director - Director
(Ti	tle of person signing)	