P0200047236

(R	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B)	usiness Entity Name)
• (De	ocument Number)
Certified Copies	_ Certificates of Status
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12/17/18--01021--015 **25.00 12/17/18--01021--014 **35.00



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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: JAC550NVILLE ADVANCED MACHINING INC DOCUMENT NUMBER: POZODO047236

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANI 5 PERJARL Name of Contact Person

Firm/ Company 140 HISTORIC BRICK LANE Address

57. AUGUSTHNE FL-32095 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANI PERUMAL at (<u>904</u>) <u>382 - 4865</u> Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:



□\$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 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

ADVANCED MACHINING INC JACKSSONVILLE (Name of Corporation as currently filed with the Florida Dept. of State)

P0200047236 (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 jts Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new 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 <u>MUST BE A STREET ADDRESS</u>)	SEC TA	
		1
C. Enter new mailing address, if applicable:	HARY HAS	
(Mailing address MAY BE A POST OFFICE BOX)		1
		J

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:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Ziv Code)

, Florida

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

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:

<u>X</u> Change <u>PT</u> John Doe <u>X</u> Remove <u>V</u> <u>Mike Jones</u>

<u>X</u> Add <u>SV</u> <u>Sally Smith</u>	<u>X</u> Add	<u>sv</u>	Sally Smith
-------------------------------------------	--------------	-----------	-------------

Title

Name

Type of Action (Check One)

I) ____

Address

FL - 32095

One)			
Change	<u> </u>	MANISPERUMAL 140 HISTORIC BR	ichs E
Add		ST. AUGUSTINE	

Kemove

,

2) ____ Change

_____ Add

- _____ Remove
- 3) ____ Change
 - ____ Add
 - ____ Remove
- 4) ____ Change
- _____ Add
- ____ Remove
- 51 ____ 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)

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...... ____ ____ ____ _____ ____ _____ _____ 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 date this document was signed.	on: <u> 2/12 18</u>	, if other th
-	2 2 8 (no more than 90 days after amendment file date)	 ,,,,,,,
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing requirements, nent of State's records.	this date will not be listed
, Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amen nt for approval.	dment(s)
The amendment(s) was/were approved must be separately provided for each	by the sharcholders through voting groups. The following voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	by the board of directors without shareholder action and sha by the incorporators without shareholder action and shareho	
•	12/12/18 AMani	
Signature	Af Mani	
selected, by	r, president or other officer – if directors or officers have no an incorporator – if in the hands of a receiver, trustee, or oth luciary by that fiduciary)	
	MANI S PERUNAL	-
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	

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