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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MIS CONSULTIN	RG INC			
DOCUMENT NUME	ER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	SANJAY ARORA				
		Name of Contact Persor	1		
	JMS CONSULTING INC				
	<del></del> -	Firm/ Company			
	224 Datura Street , Suite 101	2			
	Address				
	West Palm Beach, FL 33401				
		City/ State and Zip Code	2		
sanja	@jmsinsuranceconsulting.co	om -			
	<del>-</del>	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Sanjay Arora		at (	404-1777		
Sanjay Arora at ( 561 ) 404-1777  Name of Contact Person Area Code & Daytime Telephone			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Taliahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

JMS CONSULTING INC	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P05000063705	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo- "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	720
C. Enter new mailing address, if applicable:	ASA C
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad-	dress:
Name of New Registered Agent	
(Flori	ida street address)
Van Davidson LOGar (Album)	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
Thereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Director's, 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 charge, 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 Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	LEONARD COHN	224 DA FURA STREET
Add			SUFTE 1012
X Remove			WEST PALM BEACH, FL 33401
2) X Change	P	SANJAY ARORA	224 DATURA STREET
Add			SUITE 1012
Remove			WEST PALM BEACH, FL 33401
3 ) Change			477
Add			
Remove			····
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)				
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f an amendment provides for an exc	hange, reclassifi	<u>ication, or canc</u>	<u>cellation of issu</u>	ed shares,	
provisions for implementing the amo (if not applicable, indicate NA)	<u>endment it not c</u>	ontained in the	e amendment it	seir:	
(if not appacame, macae (824)					
		•	***************************************		
			,		

	06/20/2018	
	adoption:	, if other than the
late this document was signed.		
06 Effective date <u>if applicable</u> :	/20/2018	
meetive date it applicance.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendments sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ient
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and sharehold dopted by the incorporators without shareholder action and shareholder	ler
06/20/20	118	
DatedSignature(By a selection	director, president or other officer – it directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other consinted fiduciary by that fiduciary)	
	SANJAY ARORA	
	(Typed or printed name of person signing)	
	PRESIDENT / CEO	
	( fitle of person signing)	