P05000145618

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COVERLETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JMI Staffing, Inc.		
DOCUMENT NUMBER: P05000145618	<u> </u>	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Brent A. Woody		
	Name of Contact Person	n
Brent A. Woody, P.L.		
	Firm/ Company	
P.O. Box 2282		
	Address	
Tarpon Springs, Florida 3468	88	
	City/ State and Zip Cod	e
brent@brentwoodylaw.com		
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Brent A. Woody	727 at (940-2282
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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	Ameno Divisio Clifton	Address dment Section on of Corporations a Building executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of



15 OCT 22 PM 2: 25

JMI Staffing, Inc.		
(<u>Name of</u>	Corporation as currentl	y filed with the Florida Dept. of State)
P05000145618		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:	
JMI Staffing Solutions, Inc.		The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associate	tion "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, it	Canalisahlar	NA
(Principal office address MUST BE A ST		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		NA
		And the second s
D. If amending the registered agent and new registered agent and/or the new		
	NA	<u>.</u>
Name of New Registered Agent	MV	
	(Florida sti	reet address)
New Registered Office Address:	NA	, Florida
		(City) (Zip Code)
None III at a second American Comments of the second		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent red avent. I am familiar	1 with and accept the obligations of the position.
	Tu ugumi i mayamina	and accept the soriginism of the position.
	Signature of New I	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	¥	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change		NA		<u></u>
Add				
Remove				
2)Change		NA		
Add				
Remove				
3) Change		NA NA		
Add				
Remove				
4)Change		NA		
Add			-	
Remove				
5) Change		NA		
Add				
Remove				
6)Change		NA_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
NA .	
	The state of the s
<u>,</u>	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NA	
The state of the s	

The date of each amendment(s) adoption:	NA	DIVISOR I fother than the
date this document was signed.		
Effective date if applicable: NA		15 OCT 22 PM 2: 25
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	not meet the applicable statutory filing requirements, this State's records.	s date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment approval.	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following state group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by		
(vo.	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	r
10/7/2015		
Signature Clause	a Danjet	
	ident or other office - if directors or officers have not be orporator - if in the hands of a receiver, trustee, or other of	
appointed fiduciary		···
<u>Ch</u>	MStina Davenport (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
Director		
· · · · · · · · · · · · · · · · · · ·	(Title of person signing)	