

PO6000049845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

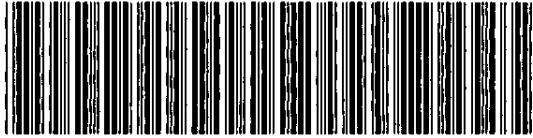
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAR 31 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2008

VICTOR J MARTINEZ
11750 ALDEN RD #305
JACKSONVILLE, FL 32246

SUBJECT: JCM FLOOR COVERING, INC.
Ref. Number: P06000049845

We have received your document for JCM FLOOR COVERING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 008A00018243

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JCM FLOOR COVERING INC

DOCUMENT NUMBER: P06000049845

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

Please return all correspondence concerning this matter to the following:

VICTOR J MARTINEZ

(Name of Contact Person)

JCM FLOOR COVERING INC

(Firm/ Company)

11750 ALDEN ROAD No.305

(Address)

JACKSONVILLE FLORIDA 32246

(City/ State and Zip Code)

For further information concerning this matter, please call:

VICTOR J MARTINEZ

(Name of Contact Person)

at (904) 537-0428

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

FILED
08 MAR 31 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JCM Floor Covering, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P06000049845

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

JCM Construction International, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

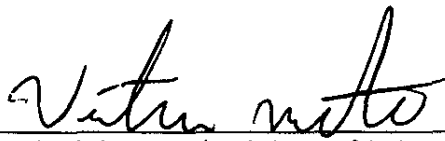
Address Change: 1637 Linkside Dr. Atlantic Beach, FL 32233

The date of adoption of the amendment(s) was: 3/21/08

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature 
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

VICTOR MARTINEZ
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35