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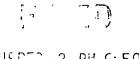
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>JRm</u> c	ONSTRUCTION GROUP INC
DOCUMENT NUMBER: Po7000	04036
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
James MI	Name of Contact Person
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JIEM CONS	Firm/ Company
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590 HERITAL	Address
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PENSA COLA	FC 32506 City/ State and Zip Code
For further information concerning this matter.	
Name of Contact Person	at (<u>850</u>) <u>212 - 9539</u> Area Code & Daytime Telephone Number
Name of Confact Letwon	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Department of State;
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Star	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2015 DTC - 2 PH 6: 50 JEM CONSTRUCTION GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State) Po 7000004036 (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 its 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." 590 HERITAGE LAKES AVE 4617 HEATHERWOOD WAY B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PENSACOLA FL 32506 C. Enter new mailing address, if applicable: 590 HERMAGE LAKES AVE (Mailing address MAY BE A POST OFFICE BOX) PENSACOLA FL 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 RALPH E ALDRIDGE JR 4617 HEATHERWOOD WAY (Florida street address) New Registered Office Address: M.LTan

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.

	e, ana sai	uy Smun, Sv as an Aaa.	
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	RITA MIZELL	3020 BUTLER RIDGE RD
Add			DELTONA FL 32738
X Remove	_		4
2) Change	<u> P</u>	RALPH E ALDRIDG	EDJR 4617 HEATHERWOOD WAY
X Add			MILTON FL, 32.571
Remove 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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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)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	1/19
Signature 6	
(By a disselected	rector, president or other officer – if directors or officers have not been d. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	JAMES MIZEL
	(Typed or printed name of person signing)
	VP
Ţ.	Title of person signing)