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DIVISIONE DE CONTORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: JM CA	AR HAUA	LEAS	CORR
DOCUMENT NUMBER:	<u> </u>	0000154	142	
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matte	er to the following	ng:	
	Mar	i US ICA Name of Cont	Bato	
	, , , (<u>Q</u> , ,	Name of Cont	act Person	.
			_	uting Corp
		Firm/ Con	npany	-
	930 1	Halea 1	h Dri	33010
	Ha	leah	$\mathcal{F}_{\mathcal{L}}$	33010
		City/ State and	l Zip Code	
		. 6	`	0 0
	Sotelo	. corpu	2 ao	f. com
	E-mail address: (to be use	d for future anni	ual report not	utication)
For further information con-	cerning this matter, please	call:		
Maries	sa Bito	at (308 h	884 - 3< 88
Name of Co				& Daytime Telephone Number
Enclosed is a check for the	following amount made pa	iyable to the Flo	rida Departn	nent of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Certified Cop (Additional co- enclosed)	ny	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	<u>Address</u>		Street Ad	dress
Amendme	ent Section	Amendment Section		
	of Corporations	Division of Corporations		
P.O. Box	6327 ee, FL 32314		Clifton Bu	tilding cutive Center Circle
rananass	CC, FL 32314			ee. FL 32301

CLASS OF COMPONATION

Articles of Amendment to

Articles of Incorporation

of

J. M. Coi Ha	rulers Corp.
(Name of Corporation	on as currently filed with the Florida Dept. of State)
	Po7000015442
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	Not analysahi The way
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the a	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the
Name of New Registered Agent	Not Applicable 35
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position.
λ	of applicable ture of New Registered Agent, if changing
Signa	ture of ivew 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 Doc 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>	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	_ Raquel Fabelo	<u>13936 S Cypness</u> Cove Q; <u>Davie FL</u> 32325
Add			Davie FL 33325
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

unumonai onceso, y nee	cessary). (Be specific)		
	Alat	applicable	
	 	<u> </u>	
			 .
			_
f an amendment provides for	r an exchange, reclassific	ation, or cancellation of issued s	hares,
provisions for implementing (if not applicable, indicat		ntained in the amendment itself	<u> </u>
(у посаррисане, тасас			
	Not_ a	applicable	
		1 1	
		- <u>-</u> -	

The date of each amendment(s) adoption: $0.9/02/1.8$ if other than
The date of each amendment(s) adoption: UTION , if other than date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
DatedSignaturex
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tuau Money Machin (Typed or printed name of person signing)
(typed of printed name of person signing)
President.
(Title of person signing)