

PO10000081589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 17 AM 8:46

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: J.M.S. Claims Group, Inc.

DOCUMENT NUMBER: P07000081589

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

Please return all correspondence concerning this matter to the following:

Joseph D. Munoz
(Name of Contact Person)

J.M.S. Claims Group, Inc.
(Firm/ Company)

P.O. Box 601041
(Address)

North Miami Beach, FL 33160
(City/ State and Zip Code)

For further information concerning this matter, please call:

Joseph D. Munoz at (305) 316-6518
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2007

JOSEPH D. MUNOZ
J.M.S. CLAIMS GROUP, INC.
P.O. BOX 601041
NORTH MIAMI BEACH, FL 33160

SUBJECT: J.M.S CLAIMS GROUP, INC.
Ref. Number: P07000081589

We have received your document for J.M.S CLAIMS GROUP, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 907A00058828

Articles of Amendment
to
Articles of Incorporation
of

J. M. S. Claims Group, INC.

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

P07000081589

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

Amend Article II: Principle Place of business
address to: 460 W. 62nd St. Miami Beach, FL 33140

Amend Article II: The Mailing address of the Corporation
to: P.O. Box 601041 North Miami Beach, FL 33160

Amend Article V: The name and Florida address of
the registered agent to: Joseph D. Munoz 460 W. 62nd St.
Miami Beach, FL 33140

Amend Article VII: The initial officer(s) and/or director(s)
Of the Corporation to: Joseph D. Munoz 460 W. 62nd St.
Miami Beach, FL 33140 (Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 17 AM 8:46



J.M.S. CLAIMS GROUP, INC.
P.O. Box 601041 North Miami Beach, FL 33160
Tel: (305) 316-6518 Fax: (305) 867-6616 E-mail: jmsclaimsgroup@bellsouth.net

October 11, 2007

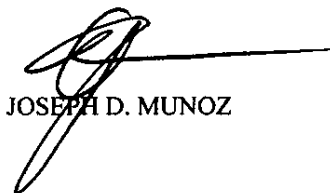
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: J.M.S Claims Group, Inc.
Ref. number: P07000081589

To whom it may concern:

I hereby am familiar with and accept the duties and responsibilities as registered agent for said Corporation/Limited Liability Company.

Sincerely,



JOSEPH D. MUNOZ

The date of each amendment(s) adoption: _____

9/14/07

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were approved 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)"

- ☐ 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.

Signature _____

(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)

Scott E. Costigan

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35