P10000094672

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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JUN 2 6 2014 C. CARROTHE / 32

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JMM CON	STRUCTION SE	RVICE CORP.		
DOCUMENT NUMBER: P10000094672				
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	itter to the following:			
MAIRON BORG	ES DA SILVA			
	Name of Contact Perso	n		
JMM CONSTRU	CTION SERVIC	E CORP.		
	Firm/ Company			
10275 OLD ST. A	AUGUSTINE RE). # 1017		
	Address			
JACKSONVILLE	- FL 32257			
	City/ State and Zip Cod	e		
MAIRONBORGES@	HOTMAIL.COM	1		
<u> </u>	sed for future annual report			
For further information concerning this matter, plea MAIRON BORGES DA SILVA		, 868-7281		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made		•		
■ \$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	Amena	Address Iment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallah	assee, FL 32301		

Articles of Amendment to Articles of Incorporation \mathbf{of}



JMM CONSTRUCTION SERVICE CORP.

14 JUN 13 AH 10: 22

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

P10000094672



A. If amending name, enter the new name of the corporation: N/A	Tr.
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addres	ldress in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida s	street address)
New Registered Office Address: (City	ty) (Zip Code)

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 <math>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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	PABLO DOS SANTOS	11247 SAN JOSE BLVD.
Add			# 1907 JACKSONVILLE
Remove			FL - 32223
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

e. <u>II amer</u> Attach)	nding or adding additional Artic additional sheets, if necessary).	(Be specific)
N/A		
•		
	, , , , , , , , , , , , , , , , , , ,	
		
. <u>If an ar</u>	mendment provides for an excha	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(i)	f not applicable, indicate N/A)	idinent if not contained in the amendment fiseri.
MAIRO	N BORGES DA SILVA W	ILL HAVE 100% OF THE SHADES

The date of each amendmen date this document was signed	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date if applicable:		
инесте час <u>партечте</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_06/0	09/2014	
Signature _	(LUS	
(1	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	MAIRON BORGES DA SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_

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