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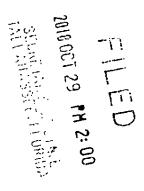
(Req	uestor's Name)	
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,	·	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	:ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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TO: Amendment Section Division of Corporations

TARREOT CORTORATION.	STRUCTION SE	ERVICE CORP.
DOCUMENT NUMBER: P100000946	372	
The enclosed Articles of Amendment and fee are st	bmitted for filing.	
Please return all correspondence concerning this ma	ntter to the following:	
MAIRON BORG	ES DA SILVA	
	Name of Contact Person	1
JMM CONSTRU	CTION SERVIC	E CORP.
	Firm√ Company	
10661 HEARTHS	STONE DR.	
	Address	
JACKSONVILLE	- FL 32257	
	City/ State and Zip Code	c
MAIRONBORGES@	HOTMAIL.COM	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
MAIRON BORGES DA SILVA	at (_904	, 868-7281
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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		Address
Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327		on of Corporations Building
Tallahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

JMM CONSTRUCTION :	SERVICE CO	₹P.		
(Name of Corporation as	currently filed with th	e Florida Dept. of State)		_
P10000094672				
(Documen	t Number of Corporatio	n (if known)		-
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, tl	his Florida Profit Corporati	on adopts the following	ig amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				_The _new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ntion "Corp," "Inc," o	r "Co". A professional co		bbreviation
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		N/A		_
C. Enter new mailing address, if applic	cahlo:	NI/A	7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00	F1LF
(Mailing address <u>MAY BE A POST (</u>		N/A 	(A)	ILED OCT 29 PM 2: 00
D. If amending the registered agent and new registered agent and/or the new			e name of the	2: 00
Name of New Registered Agent	N/A			
	(Florida	street address)		
New Registered Office Address:	и.	ity) . Flo	orida(Zip Code)	_
New Registered Agent's Signature, if ch Thereby accept the appointment as registe			ations 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 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>	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>	<u>Addres</u> s
1) Change	S	LUIS FELIPE LEME	3900 Oldfield Crossing Dr
Add			Apt 519
Remove			Jacksonville - FL 32223
. 🗆			
2) Change			<u> </u>
Add			
Rепюче			
3) Change			
Add			
Remove			
4) Change	.		
Add			
Remove			
t. C			
5) Change			
Add			
Келюус			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N A)	shares, lf:
MAIRON BORGES DA SILVA WILL HAVE 90% OF THE SHADES	
NATALIA BONA WILL HAVE 10% OF THE SHADES	,

the date of each amendment date this document was signed		i other tigi
Effective date <u>if applicable</u> :	10/25/2018	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONF</u>)	
	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 amendmentis:	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(Yoting group)	
	(voung 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.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/2	25/2018	
Signature _	and	
	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	
ង្	ppointed fiduciary by that fiduciary)	
	MAIRON BORGES DA SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	