P100000 94472

	equestor's Name)	··			
(Re	questors Mame)				
(Ad	ldress)				
(Ad	idress)				
(Cit	(City/State/Zip/Phone #)				
—	—	—			
PICK-UP	TIAW	MAIL			
(Bu	ısiness Entity Naı	me)			
(Do	cument Number))			
Certified Copies	Certificate	s of Status			
Consid Instructions to	Fili 0#i				
Special Instructions to	Filing Onicer.				
<u> </u>	· · ·				

Office Use Only



600324555156

02/19/19--01026--013 ++35.00

2019 FEB 19 AM 8: 19

G GOLDEN
FEB 2 3 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JMM CONS	STRUCTION SE	ERVICE CORP.		
DOCUMENT NUMBER: P100000946	72			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this matter to the following:				
MAIRON BORGI	ES DA SILVA			
Name of Contact Person JMM CONSTRUCTION SERVICE CORP.				
10661 HEARTHS	Firm/ Company STONE DR			
JACKSONVILLE	Address - FL 32257			
	City/ State and Zip Code	2		
MAIRONBORGES@	HOTMAIL.COM			
E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, pleas	e 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 Department 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEE, FL 32301		

Articles of Amendment Articles of Incorporation

FILED

2019 FEB 19 AM 8: 1

JMM CONSTRUCTION SERVICE CORP.

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

P10000094672

(Document Number of Corporation (if known)

ndment(s) to

N/A name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.	
word "chartered," "professional association," or the abbrevio	
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
new registered agent and/or the new registered office as	
Name of New Registered Agent N/A	
Name of New Registered Agent N/A	ddress:

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:

 $P = President; V \in Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

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	NATALIA BONA	10661 HEARTHSTONE
\	-		DRIVE JACKSONVILLE-FI
Remove			32257
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Add			
Remove			
6) Change			
∟ ∧dd □			
Remove			

√Attaen <i>aaat</i> √A	ational sheets, if necessary). (Be specific)
<u> </u>	
	
i	
· · · · · · · · · · · · · · · · · · ·	
. <u>If an amen</u> provisions	dment provides for an exchange, reclassification, or cancellation of issued shares, s for implementing the amendment if not contained in the amendment itself:
(if not	applicable, indicate N/A)
AAIRON B	SORGES DA SILVA WILL HAVE 100% OF THE SHADES
_	
<u>-</u> .	
	- · · · · · · · · · · · · · · · · · · ·

The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	02/14/2019	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re-sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated_02/14	4/2019	
Signature	Elie B	_
	a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court sointed fiduciary by that fiduciary)	
	MAIRON BORGES DA SILVA	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	