P11000035843

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Amend Mame Chs

MAY 2 2 2019

I ALBRITTON

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	GM INSURANCI	E SERVICES INC	
DOCUMENT NUMBER: P1100	0035843		
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.	
Please return all correspondence co	oncerning this ma	tter to the following:	
JOSEPH G.	MONDO III		
		Name of Contact Person	1
JGM INSUI	RANCE SERVIC	ES INC	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
4123 PARK	ER AVE		
		Address	
WEST PAL	M BEACH, FL 3	3405	
	- -	City/ State and Zip Code	2
SALES@JGMINS	SURANCE.COM		
•		sed for future annual report	notification)
For further information concerning	this matter, pleas	se call:	
JOSEPH MONDO III		at (301-2886
Name of Contact Pe	erson		de & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made	payable to the Florida Depa	artment of State:
_	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sectorision of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment FILED IN ERROR

Articles of Incorporation of

JGM INSURANCE SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P11000035843 (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: A. If amending name, enter the new name of the corporation: JGM SERVICES, LLC

The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the	
word "chartered," "professional association," or the abbreviation "P.A."	

27 LAWRENCE LAKE DRIVE

BOYNTON BEACH, FL 33436

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	27 LAWRENCE LAKE DRIVE
(Mailing duaress MAT BE A FOST OFFICE B)	BOYNTON BEACH, FL 33436
. If amending the registered agent and/or register	
Name of New Registered Agent	ice address:
Thank by the Winciped Configuration	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 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.

Mike Jones, V as Remove Example:	, and Sal	ly Smith, SV as an Add.	
X Change	PT	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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y not applicable, maleute 1971)	
	——————————————————————————————————————
	

•	MAY 1, 2019		
The date of each amendment			, if other than
date this document was signed.			
Effective date if applicable:	MAY 1, 2019		
	(no more than	190 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the app te Department of State's records.	olicable statutory filing requirements, this date will no	ot be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/wer by the shareholders was/we		The number of votes cast for the amendment(s)	
		nrough voting groups. The following statement to vote separately on the amendment(s):	
	cast for the amendment(s) was/w	· •	
by	(voting group)	, w	
· ————	(voting group)		
action was not required. The amendment(s) was/were action was not required. Dated Signature (B) sel	e adopted by the incorporators wi	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court y)	
	JOSEPH G. MONDO, III		
	(Typed or printed	d name of person signing)	
	PRESIDENT		
	(Title	e of person signing)	

the

the