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·	Certificates of Status
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	JMG CABLE CON	IPANY	
DOCUMENT NUMI	P11000043931		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	JOSE MIGUEL GONZALEZ	Ż.	
	JMG CABLE COMPANY	Name of Contact Person	
	511 SW 62nd Ave	Firm/ Company	
	Miami,FL33144	Address	
		City/ State and Zip Code	2
migu	elcabra@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Jose M Gonzalez		305	491-5403
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artinent of State:
□ \$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JMG CABLE COMPANY	
(Name of Corporation P11000043931	n as currently filed with the Florida Dept. of State)
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
(Frincipal office address MOST DE ASTROET ADDR	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	SECRETARY 21 AHASSE
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	office address:
Name of New Registered Ayent	
	(Florida street address)
N. D. Co. 1607 and bound	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the position.
Siona	uture 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 officerIdirector 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change	V		Patricia Llamos	511 SW 62nd Ave.
X Add				Miami, FL33144
Remove				
2) Change		_		
Add				
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5)Change		_		
Add				
Remove				
6) Change		_		
Remove				

*	(Be specific)
· · · · · ·	···

an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, need the contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:

The date of each amendment(s) adoption:	an the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted 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	
☐ 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.	
05/16/2018	
Signature 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)	
Jose M. Gonzalez	
(Typed or printed name of person signing)	
PTS	
(Fitle of person signing)	