# P11000108596

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SECRETARY OF STATE

AUG 9 2016 C LEWIS

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JCMC US	SA Corp			
DOCUMENT NUMBER: P11000108	596			
The enclosed Articles of Amendment and fee are s				
Please return all correspondence concerning this ma	atter to the following:			
	_			
Anthony D. Sc	Name of Contact Person			
JCMC USA Co				
10 Fairway Drive Suite 131V				
Deerfield Beach, FL 33441				
	City/ State and Zip Code	;		
maid4u.contact@	gmail.com			
	ised for future annual report	notification)		
For further information concerning this matter, plea	se call:			
Anthony D. Sciortino	at (954	, 343-3355		
Name of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depar	rtment 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, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301		

#### Articles of Amendment to Articles of Incorporation of



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## JCMC USA Corp

(Name of Corporation as	currently filed with the Fl	orida Dept. of St	tate)	_
P11000108596			<u> </u>	
(Documen	nt Number of Corporation (if	known)		_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	ilorida Profit Cor	rporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "C	Co". A professio	or "incorporated" or the a nal corporation name must	bbreviation contain the
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>				-
C. Enter new mailing address, if appli- (Mailing address <u>MAY BE A POST (</u>				_
D. <u>If amending the registered agent an</u>	d/or registered office addre	ess in Florida, en	ter the name of the	_
new registered agent and/or the new	registered office address:			
Name of New Registered Agent	REGISTERED A	GENTS IN	<u>C.</u>	
	3030 N. Rocky P	oint Dr, ST	E 150	
	(Florida stre	21 address)		
New Registered Office Address:	Tampa		_, Florida_33607	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe Sig	red agent. I am familiar wind agent agent. I am familiar wind agent. I am familiar wind agent ag	1 1	obligations of the position. Bill Havre/Assistant Se	ecretary

### 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSD	Michele Sciortino	PO Box 667292
Add Remove			Pompano Beach, FL 33066
2) Change	VTD	Anthony D. Sciortino	PO Box 667292
Add Remove			Pompano Beach, FL 33066
3) Change			
Remove			
4) Change Add			
Remove			
5) Change			
Remove			
6) Change			
Remove			

N/A	additional sheets, if necess	l Articles, enter ch ary). (Be specific			
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<u>provisi</u> ( <i>if</i>	mendment provides for an ions for implementing the not applicable, indicate N	amendment if not	t contained in the	amendment itself:	101 <u>151</u>
<u>provisi</u> ( <i>if</i>	ions for implementing the	amendment if not	t contained in the	amendment itself:	arts,
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FILLED SECRETARY OF STAIL STYLISION OF CORPORATION

The date of each amendment(s) adoption:	DIAIQION OF CORECRAPION	, if other than the
date this document was signed.	2016 AUG - 1 PM 2: 38	
Effective date if applicable: 07/27/2016	5000 HOS 1 111 E GG	
	an 90 days after amendment file datc)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"The number of votes cast for the amendment(s) was	/were sufficient for approval	
by(voting group)		
(voting group)		
The amendment(s) was/were adopted by the board of direct action was not required.	etors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder	
Dated July 27 2016		
Signature Hoclarle Contin		
	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduci		
Michele Sciortino		
(Typed	or printed name of person signing)	<del></del>
President		
•	(Title of person signing)	