(Re	equestor's Name)		
(Address)			
(Ad	ldress)	<u> </u>	
(City/State/Zip/Phone #)			
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AUG 5 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JMO CARPENTR	Y INC	
DOCUMENT NUM		a) 18 (a)	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ALBERTO CARLOS MIQU	UEL.	
	·	Name of Contact Person	n
	MIQUEL ACCOUNTING SERVICE INC		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	100
	5100 S DIXIE HWY STE 10)	•
	A STATE OF THE STA	Address	
WEST PALM BEACH, FL. 33405			
	- 1 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	City/ State and Zip Cod	e
CAR	LOS@MIQUELACCOUNTI	NG.COM	
		sed for future annual report	notification)
		·	
For further information	n concerning this matter, pleas	se call:	
ALBERTO MIQUEL		at (588-8878
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building
Talt	ahassee FL 32314	2661 E	vecutivo Contor Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATION

2016 JUL 29 PH 1: 13

(Name of Colpe	oration as currently filed with the F	lorida Dept. of State)
P13000052243	•	
(D	Occument Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Flats Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Co</i> d	rporation adopts the following amendment(s
A. If amending name, enter the new name of t	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "cord "chartered," "professional association," o	Corp." "Inc," or "Co". A professio	or "incorporated" or the abbreviation
3. Enter new principal office address, if applications	cable:	
Principal office address <u>MUST BE A STREET</u>	(<u>ADDRESS</u>)	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OF FIC</u>	E BOX)	
		, , , , , , , , , , , , , , , , , , , ,
). If amending the registered agent and/or reg	gistered office address in Florida, en	iter the name of the
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent		
Name by New Registered Agem	· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)	
		. Florida
New Registered Office Address:		
New Registered Office Address:	(City)	(Zip Code)
New Registered Office Address:	(City)	
New Registered Agent's Signature, if changing	2 Registered Agent:	(Zip Code)
	2 Registered Agent:	(Zip Code)
New Registered Agent's Signature, if changing	2 Registered Agent:	(Zip Code)

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:

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

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: XChange	<u>PT .lo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JOSE M ONOFRE	2462 PINEWAY DR
Add			WPB, FL. 33415
X Remove			
2) Change	P	ANDRES ONOFRE	2462 PINEWAY DR
XAdd			WPB, FL. 33415
Remove			
3) Change			_
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<u>.</u>
		,
<u></u>		
.		
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		

JULY 21. 2016	rictu
The date of each amendment(s) adoption:	LORETARY OF SHAddher than the
date this document was signed.	MAISION OF COVE OFFICE
Effective date if applicable:	2016 JUL 29 PM 1: 13
(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were suffici-	
by(voting group)	
(voting group)	,
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	cholder action and shareholder
JULY 21, 2016	
Signature (By a director, president or other officer – if d selected, by an incorporator – if in the hands of appointed (iduciary by that fiduciary)	
JOSE M ONOFRE	
(Typed or printed parts of	person signing)
PRESIDENT	1-1
Title of persor	signing)