

12/6/2018

P13000052243

2018-12-06 12:20:52 (GMT-5)

(954)3010219 From INREP LLC

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : INREP, LLC
Account Number : I20170000048
Phone : (754)333-1797
Fax Number : (954)301-0210

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: INREP101@OUTLOOK.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN
JMO CONSTRUCTION INC

Certificate of Status	0
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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JMO CONSTRUCTION INC

DOCUMENT NUMBER: P13000052243

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN REYES

Name of Contact Person

INREP, LLC

Firm/ Company

2333 N STATE ROAD 7 STE L

Address

MARGATE FL 33063

City/ State and Zip Code

INREP101@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE MONOFRE MARTINEZ

at (561)

410-4225

Name of Contact Person

Area Code & 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 &
Certificate of Status☐ \$43.75 Filing Fee &
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(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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>ANDRES ONOFRE</u>	<u>3300 SOUTH DIXIE HWY</u>
<input type="checkbox"/> Add			<u>STE 1-709</u>
<input type="checkbox"/> Remove			<u>WEST PALM BEACH, FL 33405</u>
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>JOSE MONOFRE MARTINEZ</u>	<u>3300 SOUTH DIXIE HWY</u>
<input type="checkbox"/> Add			<u>STE 1-709</u>
<input type="checkbox"/> Remove			<u>WEST PALM BEACH, FL 33405</u>
3) <input type="checkbox"/> Change	<u>S</u>	<u>MARIA C MORAN GONZALEZ</u>	<u>3300 SOUTH DIXIE HWY,</u>
<input type="checkbox"/> Add			<u>#709</u>
<input checked="" type="checkbox"/> Remove			<u>WEST PALM BEACH, FL 33405</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☐ 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.

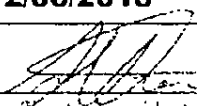
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

☒ 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.

Dated **12/06/2018**

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 ONOFRE MARTINEZ

(Typed or printed name of person signing)

Vice-President

(Title of person signing)