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To:

Division of Corporations

Fax Number

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From:

Account Name : CHOI LAW FIRM, P.A.

Account Number : I20140000005 : (305)854-6333

Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

JM RE CORPORATION

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

COVER LETTER

To:

TO: Amendment Section
Division of Corporations

	·•					
NAME OF CORPORATION	on: JM RE CO	ORPORATIO	N			
DOCUMENT NUMBER: P14000002824						
The enclosed Articles of Am	endment and fee are su	bmitted for filing.				
Please return all corresponde	nce concerning this ma	tter to the following:				
An	a Amaral					
Ch	oi Law Firm	Name of Contact Person	1			
192	25 Brickell A	Firm/ Company Svenue Ste D2	205			
		Address				
<u>Mia</u>	ami, Florida					
		City/ State and Zip Code	e			
ana@	choilawfirm.	com				
E	-mail address: (to be us	ed for future annual report	notification)			
For further information conce	erning this matter, pleas	e call:				
ana		305	8546333			
Name of Con	act Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the fo	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 & 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

To:

Articles of Amendment to Articles of Incorporation of

Articles of Incorporation	产数
JM RE CORPORATION	國田卫
(Name of Corporation as currently filed with the Florida Dept. of State)	一篇 5 后
P14000002824	12 PM
(Document Number of Corporation (if known)	700 70
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the feits Articles of Incorporation:	ollowing amendment(s]lo
A. If amending name, enter the new name of the corporation:	
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	. mast conduct me
(Florida street address)	
New Registered Office Address: , Florida,	
(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the possible possible accept the appointment as registered agent. Signature of New Registered Agent, if changing	sition.

From: Choi and Menezes Fax:

Example:

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:

Ta:

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	sv	LILIAN MEDEIROS	1925 BRICKELL AVENUE
Add			STE D205
Remove			MIAMI, FLORIDA 33129
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) L Change			
Add			
Remove			
5) Change			
Add			
Remove			**************************************
6) Change	<u> </u>		
Add			
Remove			

Page 5 of 6 2/12/2014 12:56 Fax: +1 (850) 617-6380 To: From: Choi and Menezes Fax: E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

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 			· · · · · · · · · · · · · · · · ·	<u></u>	

From:	Choi	and	Men	ezes	Fax:	

Fax: +1 (850) 617-6380

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The date of each amendmen	1(s) adoption: 01/10/2014	, if other than the
date this document was signed	1.	
Effective date if applicable:	01/10/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_01/1	0/2014	
Signature _	Joan Marcos S Goncalves By a proctor, president or other officer – if directors or officers have not been	
94	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court eppointed fiduciary by that fiduciary)	
	JOAO MARCOS GONCALVES	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	

To: