P14000002865

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(RM 2-11-15

COVER LETTER

TO: Amendment Section

Division of Corporations

JCM Global Inc. NAME OF CORPORATION: _ P14000002865 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amaury Machado Name of Contact Person JCM Global Inc Firm/ Company 12618 Lynchburg Ct. Address Orlando, FL. 32837 City/ State and Zip Code jcmglobal2@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amaury Machado Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$43.75** Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

JCM Global Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000002865

•	imber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	i, Florida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following ame	ndment(s
A. If amending name, enter the new name of	of the corporation:		
		The	new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	" "Corp," "Inc," or "Co". A professiona	"incorporated" or the abbrevi al corporation name must contai	ation n the
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>			
		<u> </u>	
C. Enter new mailing address, if applicable			mga
(Mailing address <u>MAY BE A POST OFF</u>	<u></u>	<u> </u>	emana General
	***************************************	A H	1
		FILOR STA	5
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, ente	er the name of the	
Name of New Registered Agent	Amaury Machado	·	
Nume of New Negasterea Agent	12618 Lynchburg Ct.		
	(Florida street address)		
New Registered Office Address:	Orlando	. Florida 32837	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered I M Signati	ting Registered Agent:	, , ,	

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	PT Joh	in Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VDS	Giani Alers	3189 Bright Ct.
Add			Kissimmee, FL. 33744
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	•		
Remove			
6) Change			
Add			
Remove			

2. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
REGISTERED Agent OFFICER REMOVA)	
OFFICE PELIONAL	
OTTICE PEMOUTY	
· , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,

	,
1. 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: (if not applicable, indicate N/A)	
N/H	
1	
	<u>.</u>
	

The date of each amendment(s) adoptio	n: 1/1/2015	, if other than the
date this document was signed.		
Effective date if applicable:	1/1/2015	
Interior date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted to action was not required.	by the incorporators without shareholder action and shareholder	
p 1	1/1/2015	
Dated	Amoury V. Workosto	
(By a director selected, by a	r, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fid	luciary by that fiduciary)	
	Amaury Machado	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	