P14000010656

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SECRETARY OF STAFE
FALLAHASSEE, FIGURE

PM 2-16-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JMVD V	VIRELESS CORP.			
DOCUMENT NUMBER: P14000010	0656			
The enclosed Articles of Amendment and fee a				
Please return all correspondence concerning th	is matter to the following:			
	POONAM SARIN			
	Name of Contact Person JMVD WIRELESS CORP.			
	Firm/ Company			
125 GROHMANS LANE				
Address				
	PLAINVIEW, NY 11803			
	City/ State and Zip Code			
	AMIMPEX72@YAHOO.COM			
E-mail address: (to	be used for future annual report notification)			
For further information concerning this matter.	please call:			
	at () Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filing Fee Certificate of State				
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JMVD WIRELESS CORP.

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

nt(s) to

P1400001	0656		
(Document Number of Corporati	on (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendme		
A. If amending name, enter the new name of the corporation	<u>n:</u>		
	The new		
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
C. Enter new mailing address, if applicable:	125 GROHMANS LANE		
(Mailing address <u>MAY BE A POST OFFICE BOX)</u>	PLAINVIEW, NY 11803		
D. If amending the registered agent and/or registered office			
new registered agent and/or the new registered office add	iress:		
Name of New Registered Agent NIA			
(El:	da street address)		
NI/Δ			
New Registered Office Address:	(City) , Florida (Zip Code)		
·	(=		
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.		
	and town if shought		

Signature of New Registered Agent, if changing

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: X Change	<u>PT</u>	John Doe					
X Remove	<u>V</u>	Mike Jones					
_X Add	<u>sv</u>	Salty Smith					
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s				
1) Change	Р	ESHA SARIN	125 GROHMANS LANE				
Add	-		PLAINVIEW, NY 11803				
Remove							
2) Change	Р	POONAM SARIN	125 GROHMANS LANE				
√ ∧dd			PLAINVIEW, NY 11803				
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)							
N/A							
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F. <u>If an am</u>	endment provides f ons for implementin	or an exchange	e, reclassifica	ation, or cane	ellation of issu	ied shares,	
(if	not applicable, indica	ate N/A)	ent ii not coi	maineu in the	: mnenament n	iscii.	
N/A							
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	_						

date this document was signed.	, if other than the
Effective date if 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. 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	
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 - 1 29 15	
Signature Looray Sasin	_
(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)	
POONAM SARIN	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	