P14000010656

(Re	questor's Name)	
. (A d	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bi	siness Entity Nar	me)
(Dx	ocument Number))
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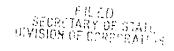
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JMVD WIRELESS	S CORP.			
DOCUMENT NUME	P14000010656				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		NIRMAL SARIN			
,	Name of Contact Person				
	JMVD WIRELESS CORP.				
	Firm/ Company				
	125 GROHMANS LANE				
•	Address				
	PLAINVIEW, NY 11803				
,		City/ State and Zip Cod	e		
		AMIMPEX72@YAHOO	O.COM		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas				
Name	of Contact Person	at ()de & Daytime Telephone Number		
iname C	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



JMVD WIRELESS CORP.

2016 NOV 29 PM 1: 36

	tly filed with the Florida Dept. of State)
P1400	0010656
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N/A	The new
nume must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
* *	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
, morphi office and one interest in the intere	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida s	street address)
N/A	Flanida
New Registered Office Address: 1874	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
	Desired Market (Colores
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 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	<u>!</u>	
X Remove	<u>v</u>	Mike Jon	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V		POONAM SARIN	125 GROHMANS LANE
X Add				PLAINVIEW, NY 11803
Remove				
2) Change				
Add				
Remove				
3) Change	•			
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change		_		
Add				
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
·	
· 	

The date of each amendment(s),adoption:		if other than the
date this document was signed.	JIVISION OF CO	1
Effective date if applicable:	-2018 NOV TO	A 14-1
(no more than 90 days after amendment file date)	2016 NOV 29	FM 1:36
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amer by the shareholders was/were sufficient for approval.	ndment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by" (voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	areholder	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older	
11/01/2016 Dated		
Signature Minul Cavin		
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)		
NIRMAL SARIN		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)		