P1400010454

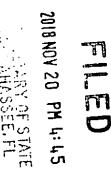
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- TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JMVD WIRELESS	CORP.			
DOCUMENT NUMB	ER: P14000010656				
	f Amendment and fee are sub	omitted for filing.			
Please return all corres	oondence concerning this matt	ter to the following:			
		NIRMAL SARIN			
-	Name of Contact Person				
		JMVD WIRELESS CO	RP.		
-		Firm/ Company			
		125 GROHMANS LAN	DE		
-		Address	· · · · · · · · · · · · · · · · · · ·		
		PLAINVIEW, NY 1180	03		
-		City/ State and Zip Code	e		
		AMIMPEX72@YAHOO	.СОМ		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas)		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)	☐S52.50 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		Ameno Divisio Cliftor	Address Iment Section on of Corporations on Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

JMVD WIRELESS CORP.

2018 NOV 20 PM 4: 45

(Name o	f Corporation as curren	tly filed with the Florid	a Dept. of State)
	P140000	10656	PLANTARY OF ST
	(Document Number	of Corporation (if knowr	1)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpora	ution adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional of	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE AS)		·	
C. Enter new mailing address, if appli	cable:	N7/ N	
(Mailing address MAY BE A POST)		N/A ————————————————————————————————————	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office ad e registered office addre	<u>dress in Florida, enter t</u> ss:	the name of the
	N/A	<u> </u>	
Name of New Registered Agent			
		street address)	
New Registered Office Address:	N/A		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	nt: r with and accept the obl	ligations of the position.
	Signature of New	Registered Agent, if cha	inging

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	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	dike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	ially Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	POONAM SARIN	125 GROHMANS LANE
Add			PLAINVIEW, NY 11803
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

	icles, enter change(s) here: (Be specific)	
A		
		-
·		
	hange, reclassification, or cancellation of issued shares,	
If an amendment provides for an exch		
provisions for implementing the ame	endment it not contained in the amendment itseti:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itseti:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itsett:	
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itsett:	

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 datedocument's effective date on the Department of State's records.	te 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 east for the amendment(s by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nı
"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.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11/12/2018	
Dated	
Signature Wyrus Carin	
(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 cour appointed fiduciary by that fiduciary)	1
NIRMAL SARIN	
(Typed or printed name of person signing)	<u>, </u>
PRESIDENT	
(Title of person signing)	