P14000017741

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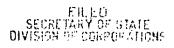
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JMC ADJ	USTING INC.
DOCUMENT NUMBER: P14000017741	
The enclosed Articles of Amendment and fo	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
JAMES M CALABF	KA.
<u> </u>	Name of Contact Person
CALABRA CONSU	LTING INC.
	Firm/ Company
1105 BEL AIR DRI	VE APT D
**************************************	Address
HIGHLAND BEAC	H, FL 33487
_ 	City/ State and Zip Code
CALABRA56@GMAIL.C	ОМ
E-mail address:	(to be used for future annual report notification)
For further information concerning this matt	er, please call:
JAMES M CALABRA	at () 864-0435
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of \$	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabasses, El. 32314	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



16 APR 19 AM 9: 23

(Name of Corporation as currently filed with the Florida Dept. of State) P14000017741 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: CALABRA CONSULTING INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1105 BEL AIR DRIVE APT D B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) HIGHLAND BEACH, FL 33487 C. Enter new mailing address, if applicable: 1105 BEL AIR DRIVE APT D (Mailing address MAY BE A POST OFFICE BOX) HIGHLAND BEACH, FL 33487 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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

JMC ADJUSTING INC.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

1105 BEL AIR DRIVE APT D

HIGHLAND BEACH

Signature of New Registered Agent, if changing

(Florida street address)

(City)

Florida 33487

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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add	•	-		
Remove				
3) Change				
		-		
Add Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

N/A	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: (if not applicable, indicate N/A)	
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	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

	4/13/2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		FILED STALL
	SEURI DIVITION	ETARY OF STATE
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date) 16 AP	R 19 AM 9: 23
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	rment
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	lder
•		
4/13/201	6	
Dated	W 1 / 1	
	411.11.11.11	
Signature	director, president or other officer – if directors or officers have not bee	
	director, president or other difficer—if directors or officers have not been ted, by an incorporator—if in the hands of a receiver, trustee, or other contents.	
	ted, by an incomporator – It in the names of a receiver, trustee, or other cointends intended in the fiduciary)	Juit
арро	mice inductary by that inductary)	
	JAMES M CALABRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	