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COVER LETTER

TO: Amendment Section Division of Corpo			
NAME OF CORPORATION: JML Prperties and Homes , Corp			
DOCUMENT NUMBER: P15000002451			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following			
	JOHN LANE		
-		Name of Contact	Person
	IML Properties and Homes , Cor	р	
-		Firm/ Compa	ny
	1402 SW Bayshore Bl		
-		Address	
	PORT ST LUCIE , FLORIDA 34	4984	
		City/ State and Zi	p Code
iobn@	imlane com		
john@jmlane.com E-mail address: (to be used for future annual			report notification)
	(, , , , , , , , , , , , , , , , , , ,
For further information	concerning this matter, please ca	ail:	
JOHN	M. LANE	_ at (_ 4)	ta Code & Daytime Telephone Number
Name o	f Contact Person	Aı	ea Code & Daytime Telephone Number
Enclosed is a check for	the following amount made paya	able to the Florida	a Department of State:
□ \$35 Filing Fee	Certificate of Status	343.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate of Status
Ame Divis P.O.	ing Address Independent Section It is in a section of Corporations Box 6327 Independent Section of Corporations Box 6327	7 I (Amendment Section Division of Corporations Division Building 1661 Executive Center Circle Fallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

1 . . .

JML Properties and Homes, Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P1500002451 (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: n/a 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 402 SW Bayshore Bl B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port St Lucie, Fl **3**4984 C. Enter new mailing address, if applicable: 1402 SW Bayshore Bl (Mailing address MAY BE A POST OFFICE BOX) Port St Lucie, Fl 34984 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 (Florida street address) New Registered Office Address: . Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheet Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	and/or D s, if necess lirector titt President = Chief I er, Directe d in the fo	virector being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= D Financial Officer. If an officer/direct or would be PTD. llowing manner. Currently John Doe orporation, Sally Smith is named the	of each officer/director being removed and title, name, and Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief or holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP, T	Kenneth Harris	2261 SE Gowin Dr
Add x Remove			Port St Lucie, Fl 34952
2) Change	VP,T	John Lane	1402 SW Bayshore Bl
x Add			Port St Lucie, Fl 34984
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	
	-
F. If an amendment provides for an exchange, reclassification, or c	angellation of iccurd shares
provisions for implementing the amendment if not contained in	the amendment itself:
(if not applicable, indicate N/A)	
n/a	+

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 d	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The moby the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by(voting group)	"
☐ The amendment(s) was/were adopted by the board of directors wi action was not required.	thout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators withou action was not required.	t shareholder action and shareholder
DatedSignatureSignature	
(By a director, president or other officer selected, by an incorporator – if in the happointed fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court
John Lane	Jane
(Typed or printed nar	me of person signing)
President	<u>t </u>
(Title of	person signing)

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