## P15000005767

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

JCM Builders, Inc. NAME OF CORPORATION: P15000005767 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott M. Ketchum Name of Contact Person Law Offices of Scott M. Ketchum, P.A. Firm/Company 9180 Galleria Ct., Suite 400 Address Naples, FL 34109 City/ State and Zip Code sketchum@ketchum-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott M. Ketchum Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filling Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JCM Builders, Inc.		
(Name of Corporate	ion as currently filed with the Florida Dept. of State)	
P15000005767		
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Profit Corporation</i> adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
	rd "corporation," "company," or "incorporated" or o," "Inc," or "Co". A professional corporation name abbreviation "P.A."	the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2 <u>X</u> )	SECRETAL TALLAHAS
		2 PH
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the	STAT
new registered agent and/or the new registered		17 IDA
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:	FloridaFlorida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.	gistered Agent; I am familiar with and accept the obligations of the pos	sition.
Sian	nature of New Registered Agent of changing	<del></del>

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	PT Jo	ohn Doc		
X Remove	y M	like Jones		
X Add	SV Sa	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	V	Sidney Pittman	16600 Willow Point Ct.	
X Add			Alva, FL 33920	
Remove				
2) Change	<del></del>			
Add		•		SE
Remove				ECRI
3 ) Change			MAY 22	HASS
Add				Y OF
Remove			07	STAI
4) Change				DE DE
Add				
Remove		·		
5) Change		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Add				
Remove				
6) Change				
Add				
Demove				

amending or adding additional Artach additional sheets, if necessary).	(Be specific)		
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rovisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
			•
	· · · · · · · · · · · · · · · · · · ·		•

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amen ficient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	or the amendment(s) was/were sufficient for approval	. =1
by	(voting group)	15 M
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		2 PH 2
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	SIAI
May 20, 20 Dated	5	DA DE
selecté	pector, president or other officer – if directors or officers have not, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
$\iota$	Jeremy C. Martinez	
	(Typed or printed name of person signing)  President	
	(Title of person signing)	