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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: JMM L CONSTTUCION
DOCUMENT NUMBER: <u>P16 0000 2375</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person President
Presidenta
Firm/ Company
1283 NUI 355 + Miomi F/33/+2 Address Miami F/33/4 + City/ State and Zip Code
miami 61 3714x
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
So Se M HOXXICS at (766) 718 05 76 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State::- •
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of
Sm mh com sta	otly filed with the Florida Dept. of State)
P16 0000 2375	of Corporation (if known)
(170c differit Number	or corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thinks Articles of Incorporation:	is Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat	ion," "company," or "incorporated" or the abbreviatio
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable:	1196 NW 120 St
(Principal office address MUST BE A STREET ADDRESS)	North miani
	Fl 33/68
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1186 NW 120 57
(maining duaress <u>mare de a rosa or race post</u>)	North mismi
	F1 53 168
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>:88:</u>
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
New Negation Copies Hadrens.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:
hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
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.

Example:	C, 13714 1741	my omin, irr us un riuu.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Address	
1) Change	V	Mildred I Costillo 2283	3 NW 355t
A d d		Solorzano. Apt	2
X_ Remove		Miam	: FL 33142
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-1
Remove			
6) Change			
Add			· ····
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
<u> </u>		
		-
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment is not contained in the amendment itsen:	

The date of each amendment(s) adoption: $\frac{10/23/2017}{10/23/2017}$, if other than the date this document was signed.
Effective date if applicable: 10 23 2017 (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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east 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 shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (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 court appointed tiduciary by that fiduciary)
Typed or printed dame of person signing)
President.
(Title of person signing)