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Division of Corporations

Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **JMS 16 CONSTRUCTION INC**

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MAR -1 2018

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COVERLETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JMS 16 CONSTRUCTION INC P16000085407 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: MICHELLE MENDOZA Name of Contact Person JMS 16 CONSTRUCTION INC Firm/ Company 2406 THOMPSON ST Address AUBURNDALE, FL 33823 City/ State and Zip Code mmiche93@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELLE MENDOZA 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 For □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassoe, FL 32301

FILED

2018 FEB 28 AM IO: 17

Articles of Amendment to Articles of Incorporation

ALE ARIANCEE, FLORIDA

	of	-23
MS 16 CONSTRUCTION INC		
(Name of Corporat	ion as correctly filed with	the Florida Dept. of State)
16000085407		
(Pocu	ment Number of Corporation	(ifknown)
Pursuant to the provisions of section 607.1006, Florid to Articles of Incorporation:	la Statutes, this <i>Florida Prof</i>	il Corporation adopts the following amendment
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc" or Co.," or the designation "Corporal "chartered," "professional association," or the	p." "Inc," or "Co". A pro	ny," or "incorporated" or the abbreviation fessional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET AD</u>		
	_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	220	
		<u></u>
		
If amending the registered agent and/or registered new registered agent and/or the new registered agent.	ered office address in Florid	is, enter the name of the
Name of New Registered Agent		
Trume Of THE WICKINGS EU AREN		
The Consequence of the Consequen	(Florida strest address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
iew Registered Agent's Signatura, if changing Re	elstered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and acce	pt the obligations of the position.
Sign	nature of New Registered Ag	ent, 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; Y = 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.

X Change	PT	John Doe	
X Remove	¥	Mike Jones	,
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	<u>v</u>	SERGIO BELTRAN CORTES	2406 THOMPSON STREET
X Add			AUBURNDALE, FL 33823
Remove			
2) Change		_	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3)Change	**************************************		
Add			
Remove			
4) Change			
Add			
Remove			
) Change			
Add			
Remove			
(i) Change	<u> </u>	-	
Add			
Remove			-

ach additional sheets, if necessary	η. (με specific)			
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		······		
n amundment provides for an exvisions for implementing the ar (if not applicable, indicate N/A)	nendment if not conti	on, or cancellation	<u>of issued shares,</u> Iment itself:	
				
		·····	·	
	<u>-</u>			
				

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 d	'ale)
Note: If the date inserted in this block does not meet the applicable statutory filling requiren document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	aniendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow ust be separately provided for each voting group entitled to vote separately on the amende	wing statement ment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amondment(s) was/were adopted by the board of directors without shareholder action an action was not required.	d shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.	areholder
Dated 02-12-2018	
Signature Mochela Mondozon	****
(By a director, president or other officer – if directors or officers hat selected, by an incorporator – if in the hands of a receiver, trustee, a	ve not been
appointed fiduciary by that fiduciary)	n outer court
MICHELLE MENDOZA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	