5/25/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000142537 3)))



H170001425373ABC/

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To:

Division of Corporations

Fax Number

: (850)517-5380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)774-4726

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|--|
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COR AMND/RESTATE/CORRECT OR O/D RESIGN JMDF INC

| Certificate of Status | 0 |
|-----------------------|---------|
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| Page Count | 04 |
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Corporate Filing Menu

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Electronic Filing Menu

COVER LETTER

| Division of Corp | | | | | |
|-------------------------|---|---|--|--|--|
| NAME OF CORPOR | RATION: JMDF INC | | - · · · · · | | |
| DOCUMENT NUMI | P17000010033 | | ··· | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | MEDINA, JOSE L | | | | |
| | Name of Contact Person | | | | |
| | JMDF INC | | | | |
| | | Firm/ Company | | | |
| | 160 LAKE PEARL DR | | | | |
| | Address | | | | |
| | LAKE PLACID, FL 33852 | | | | |
| | City/ State and Zip Code | | | | |
| | JMDFINC69@GMAIL.COM | | | | |
| <u></u> | E-mail address: (to be us | sed for future annual report | notification) | | |
| | | | | | |
| For further information | n concerning this matter, plea | e call: | | | |
| MEDINA, JOSE L | | at (| | | |
| Name | of Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | rtment of State: | | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 hassee, FL 32314 | Amend Divisio Clifton 2661 E | Addiess ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of

| JMDF IN | | |
|--|--|--|
| (Name of Corporation as curren | tly filed with the Florida Dept. of State) | |
| P17000010933 | | |
| (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | > Florida Profit Corporation adopts the following amendment(| |
| A. If amending name, enter the new name of the corporation: | | |
| | The new | |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the | |
| B. Enter new principal office address, if applicable: | 510 Grapefruit Ave #1 A | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Sebring , FL 33870 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 510 Grapefruit Ave #1 A | |
| | Sebring , FL 33870 | |
| | | |
| D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses. | | |
| Name of New Registered Agent | | |
| | | |
| (Florida s | rcet address) | |
| New Registered Office Address: | , Florida | |
| | (City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New | Registered Agent, if changing | |
| Zigrimire of them. | ORAT TO | |

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: XChange | PT | John Doe | • |
|-------------------------------|-----------|-------------------------|--|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> e |
| 1)Change | VP | MERLO, LUIS J | 160 LAKE PEARL DR |
| Ad4 | | | LAKE PLACID, FL 33852 |
| X Remove | | | |
| 2) Change | S | TORRES BARAJAS, NORMA A | 160 LAKE PEARL DR |
| Add | | | LAKE PLACID, FL 33852 |
| X Remove | | | COLUMN TO THE PARTY OF THE PART |
| 3)Change | | | • |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| ර) Change | | | |
| Add | | | _ |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
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| 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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| |

| The date of each amendment date this document was signed | | , if other than the |
|--|---|--------------------------------|
| Effective date if applicable: | 05/31/2017 | |
| Encourt date i <u>r applicable</u> . | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in document's effective date on t | this block does not meet the applicable statutory filing requirements, this he Department of State's records. | date will not be listed as the |
| Adoption of Amendment(a) | (CHECK ONE) | |
| The amendment(s) was/wer by the shareholders was/wa | re adopted by the shareholders. The number of votes east for the amendmen are sufficient for approval. | t(s) |
| ☐ The amendment(s) was/wes must be separately provide | re approved by the shareholders through voting groups. The following states and for each voting group entitled to vote separately on the amendment(s): | ment |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval | |
| ъу | ," | |
| | (voting group) | |
| The amendment(s) was/wex action was not required. | e adopted by the board of directors without shareholder action and sharehold | der |
| ☐ The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder | |
| Dated 05/3 | 11/2017 | |
| Signature | - Tore I much | |
| se | y a director, president or other officer - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary) | |
| | MEDINA, JOSE L | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |