## P180000 17237

| (F                      | Requestor's Name)      |        |
|-------------------------|------------------------|--------|
|                         |                        |        |
| (A                      | ddress)                |        |
| (A                      | ddress)                |        |
| ,                       | ,                      |        |
| (C                      | ity/State/Zip/Phone #) |        |
| PICK-UP                 | WAIT                   | MAIL   |
| (E                      | Jusiness Entity Name)  |        |
| (E                      | ocument Number)        |        |
| Certified Copies        | Certificates of        | Status |
| Special Instructions to | o Filing Officer:      |        |
|                         |                        |        |
|                         |                        |        |
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Q5/16/19--01025--001 ♦★35.00

Amend Name

JUN - 1 2019 I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO   | RATION: JMAK Contracting                    | Inc  |  |
|---|---|--|--|
|   | BER: P18000017237                           |  |  |
|   | of Amendment and fee are su                 | ibmitted for filing.   |  |
| Please return all corre   | spondence concerning this ma                | itter to the following:  |  |
|   | Carol Pasquarosa                            |  |  |
|   |   | Name of Contact Perso  | NII  |
|   | CJPConsultingFL LLC                         |  |  |
|   |   | Firm/ Company  |  |
|   | 1104 Waterway Dr                            |  |  |
|   |   | Address  |  |
|   | Sebastian, FL 32976                         |  |  |
|   |   | City/ State and Zip Coo  | le   |
|   |   |  |  |
| clbco   | nsultingfl@gmail.com                        | sed for future annual repor  |  |
| For further informatio<br>Carol Pasquarosa                          | n concerning this matter, pleas             | se call:at ( 954   | 391-1214   |
| Name  | of Contact Person                           | Area Co  | ode & Daytime Telephone Number   |
| Enclosed is a check fo  | r the following amount made                 |  | •  |
| ■ \$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) |
|   | ling Address                                |  | Address  |
|   | endment Section                             |  | dment Section  |
|   | sion of Corporations  Box 6327              | Division of Corporations Clifton Building                          |  |
| Tallahassee, FL 32314 Chitch Building  2661 Executive Center Circle |   |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| JMAK Contracting Inc   |  |                              |                                     |                            |               |
|--|--|------------------------------|-------------------------------------|----------------------------|---------------|
| ( <u>Name o</u>  | f Corporation as currently   | filed with the Florida Dep   | t. of State)                        |                            |               |
| P18000017237   |  |                              |                                     |                            |               |
|  | (Document Number of Control (D | Corporation (if known)       |                                     |                            |               |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this $F$   | lorida Profit Corporation a  | dopts the followin                  | ig amendine                | ent(s) to     |
| A. If amending name, enter the new na  | me of the corporation:   |                              |                                     |                            |               |
| JMAK Roofing Inc   |  |                              |                                     | The new                    | ١'            |
| name must be distinguishable and conti<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa   | ation "Corp." "Inc." or "C   | o". A professional corpor    | orated" or the a<br>ation name must | bbreviation<br>contain the | <b>t</b><br>9 |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |  | 415 W Merritt Island Caus    | eway Unit 1                         |                            |               |
|  |  | Merritt Island, FL 32952     |                                     |                            |               |
| C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent and the second seco | OFFICE BOX)  d/or registered office addre  | ess in Florida, enter the na | me of the                           | 2019 11 11 11 2            |               |
| new registered agent and/or the nev  | w registered office address:   |                              |                                     | 23                         |               |
| Name of New Registered Agent   |  | <del></del>                  |                                     | - 3                        |               |
|  | 415 W Merritt Island Cause   | way Unit 1                   |                                     | _                          |               |
|  | (Florida stre  | ci address)                  |                                     |                            |               |
| New Registered Office Address:   | Merritt Island   |                              | Florida                             |                            |               |
| •  | (  | City)                        | (Zip                                | Code)                      |               |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist   | ered agent. I am familiar w  |                              | ns of the position.                 |                            |               |
|  | Signature of New Re  | gistered Agent, if 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             | <u>PT</u>    | <u>John Doe</u> |                 |
|-------------------------------|--------------|-----------------|-----------------|
| X Remove                      | Y            | Mike Jones      |                 |
| X Add                         | <u>sv</u>    | Sally Smith     |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>     | <u>Addres</u> s |
| 1) Change                     |              |                 |                 |
| Add                           |              |                 |                 |
| Remove                        |              |                 |                 |
| 2) Change                     |              |                 |                 |
| Add                           |              |                 |                 |
| Remove                        |              |                 |                 |
| 3 ) Change                    |              | _               |                 |
| Add                           |              |                 |                 |
| Remove                        |              |                 |                 |
| 4) Change                     |              |                 |                 |
| Add                           |              |                 |                 |
| Remove                        |              |                 |                 |
| 5) Change                     |              |                 |                 |
| Add                           |              |                 |                 |
| Remove                        |              |                 |                 |
|                               |              |                 | <del></del>     |
| 6) Change                     | -            |                 |                 |
| Add                           |              |                 |                 |
| Remove                        |              |                 |                 |

| f amending or adding additional Artic<br>Attach additional sheets, if necessary). | (Be specific)  |
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| f an amendment provides for an exch<br>provisions for implementing the ame        | nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis analysis analysi |
| (if not applicable, indicate N/A)   |  |
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| The date of each amendment(s) adoption:, if other date this document was signed.   | than |
|--|------|
| Effective date <u>if applicable</u> :  |      |
| (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 liste document's effective date on the Department of State's records.                 | d as |
| 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 cast for the amendment(s) was/were sufficient for approval  |      |
| by"  |      |
| (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.   |      |
| Dated  |      |
| (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 fiduciary by that fiduciary) |      |
| Jonathan Wescott   |      |
| (Typed or printed name of person signing)  |      |
| President  |      |
| (Title of person signing)  |      |

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the