P18000057991

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Name	<u>e)</u>
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JUL 27 2018

COVER LETTER

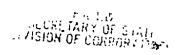
Inc.

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: JMF	remodelina	8 Maintenance
DOCUMENT NUMBER	~	57991	
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspor	ndence concerning this ma	tter to the following:	
	Jeren	Menn Menn Name of Contact Person	
<u> </u>			raintenance Inc
<u>~</u>		rd Haverhi	
_	Haverhill	City/ State and Zip Code	115
			Le Comilicon notification
For further information ec	nceming this matter, pleas	se call;	
Jeremy	Menn Contact Person	at (501)	850-5360 de & Daytime Telephone Number
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	ertment 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)
· · · · · · · · · · · · · · · · · · ·	Address ment Section		Address Intent Section
	of Corporations		on of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment



to Articles of Incorporation of

JM Remolding & maintend	once inc.	2010 JUL 25 AH 11:51
(Name of Corporation as currently	v filed with the Florida Dept.	of State)
P18000057	991	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacles of Incorporation:	Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
J M Remodeling & Maint	renance Inc.	. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorpoi Co". A professional corporai	rated" or the abbreviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		e of the
Name of New Registered Agent		
NIA		
(Florida str	ret address)	
New Registered Office Address:	,	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations	of the position.
Signature of New R	egistered 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: X Change	<u>PT</u> John I	<u>)oc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	1 NA	NIA	n/A
Add			
Remove			
2) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· ·		
Add			
Remove			
6) Change			
Add			
Remove			

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

the date of each amendment(s) addate this document was signed.	option:		ti other than th
Effective date if applicable:			
	(no more than	90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		licable statutory filing requirements, this dat	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adop by the shareholders was/were suf		The number of votes cast for the amendment(s	(i)
		nrough voting groups. The following stateme to vote separately on the amendment(s):	nt
"The number of votes cast f	or the amendment(s) was/w	ere sufficient for approval	
by	(voting group)	**	
	(voting group)		
☐ The amendment(s) was/were adoptaction was not required.	pted by the board of director	ors without shareholder action and shareholde	r
The amendment(s) was/were adopaction was not required.	pted by the incorporators wi	ithout shareholder action and shareholder	
Dated_July	11,2018		
Signature(By a di	rector, president or other of	Ticer - if directors or officers have not been	
	, by an incorporator – if in the ed fiduciary by that fiduciary	the hands of a receiver, trustee, or other courtry)	t
1 -	Jeremy (Typed or printed	d name of person signing)	
_	Presid	ent	
	(Title	le of person signing)	