P19000091134

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R. WHITE JAN 16 2020

COVER LETTER

TO: Amendment Section

Division of Corporations P1900009113 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JULIE MARIE BRADSHAW

Name of Contact Person

JMBRADSHAW, INC JMBRADSHAW INC 979 TULIP CIRCLE

Address

WESTON PL 33327

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SULIE MARIE BRADSHAW at 954 261 - 3100

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: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

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JMBRAD SHAW	CONSULTING, INC reently filed with their florida Dopel of State) 091134
(Name of Corporation as cur	rently filed with the Florida Dept of State
P19000	091134
(Document Num	iber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
"Inc.," or Co.," or the designation "Corp." "Inc, ' or "Co "chartered," "professional association," or the abbreviation '	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office and registered agent and/or the new registered office as	ce address in Florida, enter the name of the
new registered agent and/or the new registered states	MARIE ROMDSILAM
Name of New Registered Agent ULIE	MARIE PRAJOHAW
New Registered Office Address: WEST	MARIE BRADSHAW TULIP CIRCLE orida street address) ON Florida 33327 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa-	Agent: miliar 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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If un 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	e, and Sa	lly Smith,	SV as an Add					
Example: X Change	PT	<u>John D</u>	oe					
X Remove	V	Mike J	ones					
X Add	<u>sv</u>	Sally S	<u>mith</u>					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s		
1) Change	PT	<u>S</u>	MARK	BRAD	WAHZ		979 TULK	•
Add							WESTON, FO	55274
2) Change	PTS	<u> </u>	JULIE	MARIE	BRADSH	INW	979 TULIR WESTON FO	-
Add Remove Change							WESTON	-
Add		_						-
Remove								
4) Change		_				<u> </u>		-
Add						<u>.</u>		-
Remove								
5) Change								_
Add								_
Remove						<u> </u>		
6) Change		_ _		-				-
Add								_
Remove								
				Page 2 of 4				
E. If amending or add	ing addi	tional Ar	ticles, enter c	hange(s) here:				

E.	If an	nen	ding	or	<u>adding</u>	additiona	<u>ıl Arti</u>	<u>cles, c</u>	enter change(<u>s) here</u> :
					, ,					

(Attach additional sheets, if necessary). (Be specific)

		
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		<u> </u>
F. If an amendment provides for an exchange provisions for implementing the amende (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
		
		
		
	Page 3 of 4	
	12/1/19	
The date of each amendment(s) adoption:	12/1/19	, if other than the
date this document was signed.		
Effective date if applicable:	+2+4+4-1	
_	(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 adop by the shareholders was/were suff		The number of votes	cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e			
"The number of votes cast for	or the amendment(s) was	/were sufficient for a	pproval
bv			
	(voting group)		
 □ The amendment(s) was/were adopted action was not required. □ The amendment(s) was/were adopted action was not required. □ Dated	•	without shareholder a	action and shareholder
sciecica,	ector, president or other of by an incorporator – if ind fiduciary by that fiduci	ii iiic iidiida or a recei	or officers have not been ver, trustee, or other court
	JULI	G HAVIE	BRADSHAW
_	(Typed or prin	ted name of person si	gning)
		esident	
\overline{c}	Title of person signing)		