## P23000078715

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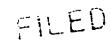
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: JMA 1 CORPORA	ATION	
DOCUMENT NUN	P23000078715		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	HOA NGUUYEN		
	JMA I CORPORATION	Name of Contact Person	n
	4411 BEE RIDGE RD, #633	Firm/ Company	
	SARASOTA, FL 34233	Address	
		City/ State and Zip Cod	e
	EKVU62@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
HOA NGUYEN		941 ar (	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.o	ailing Address mendment Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



JMA | CORPORATION

nnon 111N 25 PM 12 13

		2024 304 23	
(Name	of Corporation as currer	ntly filed with the Florida Dept; of State)	
23000078715			
	(Bocament (vanioe)	or corporation (if known)	
rsuant to the provisions of section 607 Articles of Incorporation:	,1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)	
. If amending name, enter the new n	ame of the corporation:		
		<b></b>	
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word "	
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		HOA NGUYEN	
		4411 BEE RIDGE RD	
		SARASOTA, FL 34233	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		4411 BEE RIDGE RD. #633	
		SARASOTA, FL 34233	
If amending the registered agent ar new registered agent and/or the new		dress in Florida, enter the name of the	
	HOA NGUYEN	<u></u>	
Name of New Registered Agent		<u> </u>	
Name of New Registered Agent	4411 BEE RIDGE RD		
Name of New Registered Agent		street address)	
Name of New Registered Agent  New Registered Office Address:		street address) 34233 , Florida	

## Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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.

X Change	<u>PT Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JOHN APPLEGATE	13126 SW AUREOLIAN LANE
Add			PORT ST LUCIE, FL 34987
X Remove			····
2) Change	P	HOA NGUYEN	4411 BEE RIDGE RD. #633
X Add			SARASOTA, FL 34233
Remove 3 ) Change			
Add			
Remove			
4) Change			_
Add			
Remove			<del></del> -
5) Change			
Add			
Remove			
6) Change		<del></del> :-	
Add			<del></del>
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	**************************************
<del>.</del>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	<del></del>

. .

date this document was signed.			, if other than the
Effective date if applicable:			
	(no more than 90 days i	after amendment file date)	<del></del>
Note: If the date inserted in this bl document's effective date on the De		atutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were ado action was not required.	nted by the incorporators, or board o	f directors without shareholder action and s	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		er of votes cast for the amendment(s)	
	oved by the shareholders through ve ach voting group entitled to vote sep	oting groups. The following statement parately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were suffic	cient for approval	
by		<u></u> .	
	(voting group)		
Dated	6/19/2024		
Signature (By a di	ector, president or other officer – if o	directors or officers have not been	_
selected		of a receiver, trustee, or other court	
	IOA NGUYEN		
•	(Typed or printed name of	f person signing)	
	RESIDENT & REGISTERED A	GENT	

(Title of person signing)