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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: JM Mechanical Co	entractor Corp			
	MBER:P24000020105				
	cles of Amendment and fee are su	bmitted for filing.			
Please return all co	orrespondence concerning this ma	tter to the following:			
	Wanda ORourke				
	<u> </u>	Name of Contact Person	1		
	JM Mechanical Contractor Corp				
		Firm/ Company			
	443 NE 94th Street				
		Address			
	Miami Shores, FL 33138				
	1,	City/ State and Zip Cod	e		
	wanda@jm-mech.com				
	 -	sed for future annual report	notification)		
For further informa	ation concerning this matter, pleas	0.47	. 4006355		
Na	me of Contact Person	at (Area Co) de & Daytime Telephone Number		
	k for the following amount made		·		
S35 Filing Fee	e □\$43.75 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)		
, I	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

JM Mechanical Contractor Corp

(Name of Comme	At A T.	e Clada de Ala Piada D	
	pration as currently	y filed with the Florida D	ept. of State)
P24000020105		2001	
(Do	ocument Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new name of th	he corporation:		
N/A			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	Inc," or "Co". A		
B. Enter new principal office address, if applicable:		N/A	
(Principal office address <u>MUST BE A STREET</u> A			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	N/A	
			024 Séco All
		·	
D. If amending the registered agent and/or regi	istered office addr	ess in Florida, enter the r	name of the
new registered agent and/or the new register	red office address:		
Name of New Registered Agent			93 7
			कृता 🔐
	(Florida stre	pet address)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:		City)	, Florida (Zip Code)
	·	··,,	(Mp Chae)
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registered ager	nt. I am familiar w	ith and accept the obligati	ons of the position.
	Signature of New Re	gistered Agent, if changing	<u>, , , , , , , , , , , , , , , , , , , </u>
3	ngnuture of Hew Re	дыны си луст, у спапут	5
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.

Example: X Change PT John Doe X Remove <u>V</u> Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) V 2518 Callaway Drive Luis Abrams 1) ____ Change Orlando, FL 32824 __ Add Remove Jonathan Rodriguez 16817 Ridgewood Avenue 2) Change Monteverde, FL 34756 Add ___ Remove 3) ____ Change ____ Add Remove 4) ____ Change ____ Add ___ Remove 5) ____ Change ___ Add Remove 6) ____ Change Add __ Remove

(Attach additional sheets, if necessary). (Be specific)	
N/A	
	· · · · · · · · · · · · · · · · · · ·
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)	
N/A	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	

•	29 Jul 2024	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	Jul 2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	nt(s)
•	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
29 Jul 202	and ORoseska	
selecte	firector, president or other officer – if directors or officers have not been done by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Wanda ORourke	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	