P970000 88844

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MAY 1 1 2020 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: JEM Electrical, Inc		
	IBER: P97000088844		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	James Ellis		
		Name of Contact Person	1
	JEM Electrical, Inc.		
		Firm/ Company	
	7219 Capercaillie Trail		
		Address	
	Jacksonville Florida 32210		
		City/ State and Zip Cod	ę
	jtejem@comcast.net		
	* * •	sed for future annual report	notification)
For further informati James Ellis	on concerning this matter, plea	se call: at (⁹⁰⁴	237 3699
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment 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)
	iiling Address		Address
	nendment Section vision of Corporations		Iment Section on Corporations
). Box 6327		entre of Tallahassee
	llahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



JEM Electrical, Inc.		_		
(Name	of Corporation as curre	ently filed with the Florida De	pt. of State)	
P97000088844				
	(Document Number	er of Corporation (if known)	<u>-</u>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, t	his Florida Profit Corporation	adopts the foll	owing amendment(
A. If amending name, enter the new n	ame of the corporation	i		
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cotartered," "professional association,"	Corp," "Inc," or "Co", or the abbreviation "P.	A professional corporation	l" or the abbre name must co	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7219 Capercaillie Trail		
		Jacksonville, FL 32210	<u>, , , , , , , , , , , , , , , , , , , </u>	207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 61505		
		Jacksonville, FL 32234		
				17.2
D. If amending the registered agent an new registered agent and/or the ne			ame of the	. 29
Name of New Registered Agent	James T Ellis			
	7219 Caperciallie Trail			
	(Florida	street address)		
New Registered Office Address:	Jacksonville		, Florida 322	10
		(City)		(Zip Code)
Name of New Registered Agent	James T Ellis 7219 Caperciallie Trail (Floride	<u>'ess:</u>	322	
		f(:itv)		(Zin Code)

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	James H Miller	2974 Beaver Ave
Add			Middleburg, F1. 32068
X Remove 2) Change	V	Cheryl R Ellis	7219 Capercaillie Trail
x Add			Jacksonville, FL
Remove 3) Change	<u>s</u>	Michael K Ellis	7219 Capercaillie Trail
X Add			Jacksonville, FL 32210
Remove			
4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

CHILLY C JABILES IVITILE	r. He is on disability due to health issues.	
		· · · · · - · -
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-		
		. <u></u> .
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nrovisions for in	provides for an exchange, reclassification, or cancellation of issued shares, uplementing the amendment if not contained in the amendment itself:	
(if not applic	vable, indicate N/A)	
/ Λ		
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	400000	• • •
The date of each amendmen	4/22/2020 t(s) adoption:	, if other than th
date this document was signed		<u> </u>
	05/01/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholde	r action and shareholder
	ere adopted by the shareholders. The number of votes cast for the amend- were sufficient for approval.	ment(s)
☐ The amendment(s) was/wee must be separately provid	ere approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s)	tatement :
	es cast for the amendment(s) was/were sufficient for approval	
by		
- -	(voting group)	
4/22/		
Dated	2020	
Signature _	Jan T. Elli	
S	By a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
	James T Ellis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	