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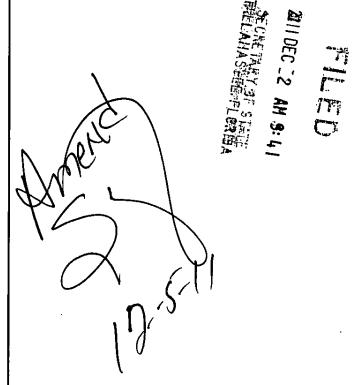
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>IMG INSYSTEM</u>	1. INC	
DOCUMENT NUMBER: P98000091669		
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
EDWIN ESPINOZA	lame of Contact Person	
JMG INSYSTEM, INC		
,	Firm/ Company	
9831 NW 58 ST # 135		
	Address	
DORAL, FL 33178		
	ity/ State and Zip Code	
info@serecacorp.com E-mail address: (to be u For further information concerning this matter, plea	ised for future annual report	notification)
Edwin Espinoza	at (305) 573-7322
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

JMG INSYSTEM, INC	TO S
(Name of Corporation as currently filed with the Florida Dept. of State)	- E.C.
P98000091669	22 /
(Document Number of Corporation (if known)	Me as
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporat</i> amendment(s) to its Articles of Incorporation:	ion adopts the fol
A. If amending name, enter the new name of the corporation:	r
The new name must be distinguishable and contain the word "corporation," "company," or "incabbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	sional corporation
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 address in Florida, enter the nanew registered agent and/or the new registered office address:	me of the
Name of New Registered Agent:	
(Florida street address)	
New Registered Office Address:, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligation	s of the position.
Signature of New Registered Agent, if changing	

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Title(s) <u>Name</u> Address 1) PD EDWIN ESPINOZA 9831 NW 58 ST # 135 DORAL FL 33178 2)____ 6)____ If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) <u>Name</u> Title(s) <u>Name</u>

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	
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