526352

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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: AMJ Group INC						
DOCUMENT NUMBER: 526352						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Morgan Anderson-Keller Name of Contact Person						
Name of Contact Person						
AMJ Group INC Firm/ Company						
Firm/ Company						
Gainesville, FL 32601 City/ State and Zip Code						
Address						
Gamesville, FL 32601						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Morgan Anderson-Keller at 352 375-4600						
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:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations						

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the fol	lowing amendm	ent(s) to
A. If amending name, enter the new name of the corporation:			
		The nev	1 .
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbr professional corporation name must c	eviation "Corp., contain the wor	 d
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
		3+13 ==	
C. Enter new mailing address, if applicable:		6	
(Mailing address MAY BE A POST OFFICE BOX)			7
	200	<u> </u>	
			177
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	7	
new registered agent and/or the new registered office address:); <u>5</u>	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:	Florida		
	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pos	ition.	
Signature of New Re	gistered 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 = 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	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>VP</u>	Anthony Lyons	502 NW 16th Are
X Add			Sutel
Remove			Gainesville, FL32601
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or additional she	ng additi ets, if neo	ional Articles, enter change(s) here: cessary). (Be specific)	

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provisions for implementing the amendment in (if not applicable, indicate N/A)	if not contained in the amendment users.	
	· · · · · · · · · · · · · · · · · · ·	
		-
	Page 3 of 4	
the data of make according to the state of		if other than t
he date of each amendment(s) adoption:ate this document was signed.		, ii oner man e
Iffective date <u>if applicable</u> :	more than 90 days after amendment file date)	

document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Michael E. Warren

(Typed or printed name of person signing) (Title of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the