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SECHETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration Se Division of Cor			
		hnson Enterprises LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		Michele E Campbell		
			Name of Person	
		Ashland Johnson Enterpris	es LLC	
			Firm/Company	
		3622 Craigsher Dr		
			Address	
		Apopka, FL 32712		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fu	irther information c	oncerning this matter, please ca	all:	
Mich	ele E Campbell		407 495-7588 at ()	
Michele E Campbell Name of Person		Area Code Daytime	Telephone Number	
Enclo	sed is a check for t	he following amount:		
■ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHLAND JOHNSON ENTERPRISES LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ou nited Liability Company)	r records.)
	pany were filed on March 31	. 2016 and assigned
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 31, 2016 and assigned Florida document number L16000064173 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 31, 2016 and assigned Florida document number L16000064173 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
	 	
Enter new mailing address, if applicable:		FILE JUG 21 ELARY HASSE
(Mailing address MAY BE A POST OFFICE BOX)	-	EG Z O
		⁷² σ
		records, enter the name of the ne
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ronald W Campbell	25546 SR 46	
		Sorrento, FL 32776	□ Remove
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			Remove
			Change
			□ Remove
			Change
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record specifies a delar The 90th day after the r			t an effec	tive time, a	it 12:01 a.m	i. on the	earli	ier of:
August 18,		2017		\wedge				
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Typed or printed name of signee

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