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S. WARREN DEC 1 1 2017

COVER LETTER

TO: 1				
		inson Enterprises LLC		
SORTI	ECT:	Name of Lim	ited Liability Company	
The en	Registration Section Division of Corporations Ashland Johnson Enterprises LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Michele E. Campbell Name of Person Ashland Johnson Enterprises LLC Firm/Company 3622 Craigsher Dr Address Apopka FL 32712 City/State and Zip Code rmcampbell1029@aol.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: thele E. Campbell Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed)			
Please	return all correspon	ndence 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	
		•		
For fur	ther information co		·	canon)
Miche	•		407 495-7588	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records, ated Liability Company))
The Articles of Organization for this Limited Liability Completion document number	pany were filed on 31 March 2016	and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code

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. Of, 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
AMBR	Ronald W. Campbell	25546 SR 46	
		Sorrento, FL 32776	Remove
			☐ Change
AMBR	Michele E. Campbell	3622 Craigsher Dr	Add
		Apopka, FL 32712	■ Remove
			☐ Change
			□ Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Remove

•	ter change(s) here: (Attach additional sheet.	
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<u>. </u>		
		
<u>ste:</u> If the date inserted in this block does cument's effective date on the Department	ive date, but not an effective time, at 1	ents, this date will not be listed a
ted ²⁸ November	2017	
Mich	Le of a member of authorized representative of a member	7 17 0
Michele E. Campbell	e or a member of authorized representative of a member	EC -5
	Typed or printed name of signee	
		CONN.
	Page 3 of 3	₩ 35

Filing Fee: \$25.00