P03000003992

(Re	equestor's Name)			
(Ac	dress)			
(Ac	dress)	****		
(Cit	ty/State/Zip/Phone	∋ #)		
PICK-UP	☐ WAIT	MAIL		
. (Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
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COVER LETTER

Division of Corporations NAME OF CORPORATION: _ JOHNSON'S MANAGEMENT GROUP. INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SAMUEL JOHNSON Name of Contact Person JOHNSON AUTO PARTS Firm/ Company P O BOX 759 Address YULEE, FLORIDA 32041 City/ State and Zip Code SJOHNSON@JOHNSONAUTOPARTSINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

at () 225-8315 EXT 104

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:

S35 Filing Fee

SAMUEL JOHNSON

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

☐\$43.75 Filing Fee & Certified Copy

(Additional copy is enclosed)

S52.50 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 Street Address

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

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

JOHNSON'S MANAGEMENT GROUP, INC.

16 JAN 13 AM 9: 40

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P03000003992	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the con	rporation:
JOHNSON AUTO PARTS, INC.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of the	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the position.
Siano	ture of New Registered 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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additiona Attach <i>additional sheets, if necess</i>	ary). (Be speci	fic)			
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f an amendment provides for a provisions for implementing th	<u>a exchange, recl</u>	assification, or c	ancellation of is	sued shares,	
(if not applicable, indicate N	//A)	not contained in	the amendment	nstii,	
					
) 	

JANUARY 1, 2016	F4 .
The date of each amendment(s) adoption:	Street if other than the
date this document was signed.	DIVISION OF COOR STATE
JANUARY 1, 2016	SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date if applicable:	16 1441
(no more than 90 days after amendment file d	16 JAN 13 AM 9: 40
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follomust be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
(· · · · · · · · · · · · · · · · · · ·	
The amendment(s) was/were adopted by the board of directors without shareholder action are action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	areholder
Dated	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
SAMUEL JOHNSON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	