## P040000 17804

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> A. Butter 8130121

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	JOHNNIE	C Cops	e Je Inc	_
DOCUMENT NUMBER:	ORATION: JOHNNIE C COPE JE INC.  OBER: POHODOD 17804			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	<u>Jo</u>	DA JACO OF CONTACT PERSON  HMNIE C C  TM/ Company  41 Su) 54	ope Je Inc	
	Pla	Address	4 ST FL 33317	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
Quina Ji	•	at ( 305	332-254	.5
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 □\$43. Certi	ficate of Status Certi (Addi	75 Filing Fee & fied Copy tional copy is osed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion oorations	Division The Cer 2415 N.	ddress nent Section of Corporations ntre of Tallahassee Monroe Street, Suite 8 see, FL 32303	10

## Articles of Amendment

to
Articles of Incorporation

of	
Johnnie C Gop	e Je Inc FILED
(Name of Corporation as currently	filed with the Florida Dept. of State)
PO 90000 1750	3 -1
(Document Number of C	Corporation (if known) CRETARY OF STATE
(Document Number of Operations of Section 607.1006, Florida Statutes, this Flatts Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
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."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N_A
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address:</li> </ul>	ss in Florida, enter the name of the
	NA
Name of New Registered Agent	, ,
(Florida stree	t address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
$\wedge$	14
Signature of New Reg	sistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Vincent Brown	329 St.) Lakehurst Drive
<u>√</u> Add			Port St Lucio FL
Remove			34983
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change	<del></del>		
Add			
Remove			

	eets, if necessary). (	Be specific) [ ]			
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<u>f an amendment pi</u>	rovides for an exchan	ige, reclassificatio	n, or cancellation o	f issued shares,	
tit not applied	lementing the amend le. indicate N/A)	ment ii not contai	ned in the amendi	ient itseit:	
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file o	
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were ador by the shareholders was/were su	oted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
☐ The amendment(s) was/were appropriately provided for a	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amena	owing statement lment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
DatedSignature(By a di	ector, president or other officer – if directors or officers h	ave not been
	, by an incorporator – if in the hands of a receiver, trustee.  I diduciary by that fiduciary)	or other court
-	(Typed or printed name of person signing)	
	PLESIDENT (Title of person signing)	
	( time of person signing)	