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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MJ Johnson, INC DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Samantha Byrd Name of Contact Person MJ Johonson, INC Firm/ Company 335 Hardee Street Address Bronson, FL 32621 City/ State and Zip Code mjjohnsoninc@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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**

MJ Johnson, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

<u> </u>	<u> 152'</u>		W. Carlotte	
(Document	t Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this	Florida Profit Corporation	adopts the following	amendme
A. If amending name, enter the new name of the corpo	oration:			
n/a				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc," or "	Co". A professional corpo	porated" or the ab	breviation ontain the
B. Enter new principal office address, if applicable:		n/a		
(Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)			
				
			<u> </u>	
C. Enter new mailing address, if applicable:		n/a		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
				<u>.</u>
D. If amending the registered agent and/or registered	office add	ress in Florida, enter the na	ime of the	
new registered agent and/or the new registered offi	ice address	<u>:</u>		
Name of New Registered Agent n/a				
	(Florida str	reet address)		
New Registered Office Address:			, Florida	
		(City)	(Zip C	lode)
New Registered Agent's Signature, if changing Registe	ered Agent	:		
I hereby accept the appointment as registered agent. I an			ons of the position.	
Signatus	ra of Naw I	Pagistarad Agant if changing		

Signature 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V	_	Michael Jared Johnson	335 Hardee Street
Add				Bronson, FL 32621
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				

6) Change		_		
Add				
Remove				

. If amending or adding additional (Attach additional sheets, if necess)	al Articles, enter change(s) here: eary). (Be specific)	
Currently Michael Jared Johnson is listed as V. There is a change. As of 09/28/2015 Michael Jared Johnson leaves the		
orporation and will no longer be list	ed as V. Should be noted as such.	
		 =
		
		•
If an amendment provides for a	n exchange, reclassification, or cancella	tion of issued shares,
provisions for implementing the (if not applicable, indicate N	e amendment if not contained in the am	nendment itself:
(ly not applicable, material		
	NA	
·	•	
·		
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
9.28.15 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	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 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	
by"	
(voting group)	
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.	
9.28.15 Dated Signature	
(By a director, president or 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)	
Samantha Byrd	
(Typed or printed name of person signing)	
President	
(Title of person signing)	