P160000 73493

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JOHNNY'S IN	me of Corporation
DOCUMENT NUMBER: P160000	73493.
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Name of Contact Person	
Quarter 5 LLC Firm/Company	
2295 S. Hlawassee Rot	-87411
Orando, FL 3283° City/State and Zip Code	5
enuly - Pola @ Quarter E-mail address. (to be used for future annual repo	ort notification)
For further information concerning this mat	ter, please call:
Couly Pola Name of Contact Person	at (<u>4CP</u>) 93C -869C Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$35.00 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status
□ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy
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 CORRECTION

DECRETARY OF STATE MYISTON OF CORPORATION

For

2016 SEP 19 PM 2: 48

JOHNNY'S INC	
Name of Corporation as currently filed with the Florida Dept. of State	_
P16000073493 Document Number (1f known)	
, , , , , , , , , , , , , , , , , , , ,	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation these Articles of Correction within 30 days of the file date of the document being corrected.	files
These articles of correction correct ACTICLES OF INCORPORTION (Document Type Being Corrected)	
filed with the Department of State on 9/6/16 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
Article VII - name correction needed.	
The state of the s	
Marylou Mendez is incorrect. Please amend to: Marylou Coriasco	
Hease amend to : Marylou Coriasco	
O	
Compact the importance important statement on the Control	
Correct the inaccuracy, incorrect statement, or defect:	
AS AROVE	
(Signature of a director, president or other officer - if directors or officers have	
not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	

(Typed or printed name of person signing)

Filing Fee: \$35.00

(Title of person signing)
A S e

Agent