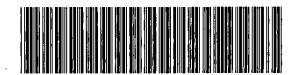
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COVER LETTER

TO: Amendment Section Division of Corporations

í

NAME OF CORPORATION: Johnson Super Stop 1 INC				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
Firm/ Company				
Hollywas FL 33024 City/ State and Zip Code				
Hollywas FL 33024 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (959) 891-1769 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$\ \times \ \ \times				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Jehnson Super Stoe 1 to 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
V MACIA SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The n
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviata "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain a word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
$N_{\rm tot} D_{\rm tot} \sim 100 C_{\rm tot} + 11 L_{\odot}$
New Registered Office Address: , Florida (City) , Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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 addled:

(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: XChange	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
f) Change	MGR	Kampun Wanif	6819 Johnson St Hallywas FL
Add			1/01114115 FL 33027
2)Change	_ <i>p</i>	Maker Zahriyeh	6819 Johnson St
Add			MOHYUCOS FL
Remove			33024
3) Change			
Add			All the state of t
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			estable control of the control of th
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	·
Effective date if applicable:	more than 90 days after amendment file date)
(no i	more than 90 days after amendment file date)
Note: If the date inserted in this block does not med document's effective date on the Department of State's	et the applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK	ONE)
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approve	olders. The number of votes cast for the amendment(s) al.
The amendment(s) was/were approved by the share must be separately provided for each voting group	holders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	(s) was/were sufficient for approval
by(voting gre	<u>.</u>
(voting gro	oup)
action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareholder
Dated	
Signature	
(By a director, president of	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other count (fiduciary)
	Komean Manit
(Typed	or printed name of person signing)
	MGA
	(Title of person signing)