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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: johnsoms farms in	c		
DOCUMENT NUMBI				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
a	llen fayer			
		Name of Contact Persor	1	
г	&m financial services inc			
<del>-</del>	· · · <del>-</del>	Firm/ Company	<del> </del>	
1	2601 world plaza In-2			
_		Address		
ť	fort myers fl 33907			
_		City/ State and Zip Code	÷	
alfayer	12345@earthlink.net		u	
	E-mail address: (to be us	sed for future annual report	The state of the s	
For further information	concerning this matter, pleas	se call:		
allen fayer		at (	de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Amend	Address ment Section n of Corporations	

P.O. Box 6327 Tailahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

johnsons farms fl, inc				
(Name of Corporati	on as currently file	ed with the Florida	Dept. of State)	
p18000057156				
(Docum	nent Number of Co	poration (if known)	<del></del>	
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	Statutes, this <i>Flor</i>	ida Profit Corporatio	m adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name of the co	rporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	" "Inc." or "Co".	A professional cor		the abbreviation
B. Enter new principal office address, if applicable				<del></del>
(Principal office address <u>MUST BE A STREET ADL</u>	ORESS )			: 00
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>				FILED FILED
D. If amending the registered agent and/or register		in Florida, enter the	name of the	•
new registered agent and/or the new registered  Name of New Registered Agent	ornee address:			
	(Florida street a	ldress)		
New Registered Office Address:			. Florida	
	(City	7		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		and accept the obliga	ttions of the po:	sition.
Sign	ature of New Regis	tered Agent, if change	ine	

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: XChange	<u> <del>P</del>T</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	vp	david johnson	p.o. box 366848
Add			bonita springs, fl 34136
Remove			
2) Change	vp	dayna johnson	p.o. box 366848
Add			bonita springs fl 34136
Remove			·
3 ) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u></u>	
<u>.                                      </u>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the antenument resent.
<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
66-28-2018 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.	e will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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):	и
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by``	
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.	
Dated_06-28-18	
O signature David Johnson	
(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)	
@ David Johnson	
(Typed or printed name of person signing)	
CASC.	
(Title of person signing)	