## P9300034428

(Requestor's N	Name)
(Address)	
(Address)	<del></del>
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document Nu	ımber)
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TALLINI 17 PH 4: 08

Amend + Namu Change

JUL 17 2014 T. CARTER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Johnson Brothers Liquor Company of Florida
DOCUMENT NUMBER:	P93000034428
The enclosed Articles of Amendmen	and fee are submitted for filing.
Please return all correspondence cor	cerning this matter to the following:
pali.	M philling
	M. Phillips  Name of Contact Person
Felix	M. Phillips, P.A.
	Firm/ Company
333 s	outh 7th Street, #2000
	Address
Minne	apolis, MN 55402
	City/ State and Zip Code
	stad@johnsonbrothers.com ddress: (to be used for future annual report notification)
For further information concerning t	his matter, please call:
Felix M. Phillips	at ( 612 ) 349-6622
Name of Contact Per	son at ( 612 ) 349-6622 Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
	Filing Fee & Certified Copy (Additional copy is enclosed)  \$\begin{align*} \text{\$\left\begin{subarray}{c} \left\begin{subarray}{c} \leftsu
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 33	rations Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of



14 JUL 17 PH 4: 08

Johnson Brothers Liquor	Company of F	lorida	14 301 17 111 41 00
(Name of Corporation as currently			
P93000034428			
(Document Number o	f Corporation (if know	own)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Floi</i>	ida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
Johnson Brothers of Flor	rida, Inc.		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co"	. A professional corporation	d" or the abbreviation name must contain the
B. Enter new principal office address, if applicable	<u>le:</u>	N/A	
(Principal office address MUST BE A STREET AD	DRESS )		
	-		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )	N/A	<del> </del>
	_		
	_	•	
	_		<u> </u>
D. If amending the registered agent and/or register		in Florida, enter the name of	<u>f the</u>
new registered agent and/or the new registered	d office address:		
Name of New Registered Agent	N/A		
	(Florida street d	ddress)	
New Registered Office Address:	N/A	, Florida	
iyon itegisies office itaaresg.	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		and accept the obligations of	the position
Thereby accept the appointment as registered agent.		and accept the obligations of	no position
Signature of A	N/A New Registered Agei	nt if changing	
Signature of r	vew negisiereu Ager	n, y 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	· Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VTD	Michael Johnson	
Add			
Remove			
2) Change	VSD	Todd Johnson	1999 Shepard Road St. Paul, MN 55116
X Add			
Remove			
3) Change	CD	Lynn Johnson	
Add			<del></del>
× Remove			
4) Change	S	Esther Kauffman	
Add			
x Remove			
5)Change	S	Jim Garcia Jr.	
Add			
x Remove			
6) Change	<del></del>		
Add			
Remove			

	litional sheets, if necessary). (Be specific)
	FURTHER RESOLVED:
	That the Articles of Incorporation of
	Johnson Brothers Liquor Company of Florida
	be, and the same hereby are amended, and
	a new Article I be substituted for the
	present Article I, said Amended Article I to
	read as follows:
	"The name of the Corporation shall be
	JOHNSON BROTHERS OF FLORIDA, INC."
	· · · · · · · · · · · · · · · · · · ·
an amei	ndment provides for an exchange, reclassification, or cancellation of issued shares,
rovision	is for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
	N/A

The date of each amendment(s) ad date this document was signed.	option: May 5, 2014	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
- la	-36-200H	
Dated	-36-2011 / les	
Signature	I la	
(By a di	rector, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
<b>ч</b> рро		
	Todd Johnson	
	(Typed or printed name of person signing)	
	Vice President/Secretory (Title of person signing)	
	(Title of person signing)	

## APPLICATION FOR REGISTRATION OF FICTITIOUS NAME Note: Acknowledgements/certificates will be sent to the address in Section 1 only. Johnson Brothers of Florida Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc") 1999 Shepard Road Mailing Address of Business

SECRETARY OF STATE TALL / TUSEE, ECRIDA

14 JUL 17 PM 4: 11

St. Paul MN 55116 State 3. Florida County of principal place of business: Hillsborough County

**G14000073961** 07/17/14--01029--001 \*\*50.00

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):  1. Johnson Brothers of Florida, Inc.  Entity Name  4520 S. Church Avenue  Address  Tampa FL 33611 City State Zip Code Florida Document Number P93000034428 Florida Document Number  FEI Number: 59-3188427 FEI Number:  Applied for Not Applicable  It the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accessection 865.09, F.S., Jurther certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in 50, Florida platutes, in the county where the principal place of business is located. I understand that the signature below shall have the sareflect as if/nade underload and I am aware that false information submitted in a document to the Department of State constitutes a third of felony as provided for in s.817.155, F.S.  6-70-7014 Squature of Owner Date  For CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:  I (we) the undersigned, hereby cancel the fictitious name	Α. (	Owner(s) of Fict	titious Name if II	ndividual(s): (Use	an attac	nment if nec	essary):		
Address  City State Zip Code City State Zip Code  B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):  1. Johnson Brothers of Florida, Inc. 2. Entity Name  4520 S. Church Avenue  Address  Tampa FL 33611  City State Zip Code City State Zip Code  Florida Document Number P93000034428 Florida Document Number FEI Number: 59–3188427 FEI Number: 4Applied for Not Applicable  the undersigned being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In acception 885.08, F.S., Lurther certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in 0, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same facts at final and I am aware that false information submitted in a document to the Department of State constitutes a third celony as provided for In s.817.155, F.S.  Control of	1.				2.				
B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):  1. Johnson Brothers of Florida, Inc. 2. Entity Name  4520 S. Church Avenue  Address  Tampa FL 33611 City State Zip Code City State Zip Code  Florida Document Number P93000034428 Florida Document Number  FEI Number: 59-3188427 FEI Number:  Applied for Not Applicable Applied for Not Applicable  the undersigned being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accelection 865.06, F.S., Lurther certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chords at the statutes on the county where the principal place of business is located. I understand that the signature below shall have the saiffect as if made underloath and I am aware that false information submitted in a document to the Department of State constitutes a third of ellony as provided for In s.817.155, F.S.  Signature of Owner Date E-mail address: (to be used for future renewal notification Number: 651 - 649 - 5867  FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:  I (we) the undersigned, hereby cancel the fictitious name		Last	First	<b>M</b> .I.		Last	F	irst	M.I.
B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):  1. Johnson Brothers of Florida, Inc. 2. Entity Name  4520 S. Church Avenue  Address  Tampa FL 33611 City State Zip Code City State Zip Code  Florida Document Number P93000034428 Florida Document Number  FEI Number: 59–3188427 FEI Number:  Applied for Not Applicable Applied for Not Applicable Applied for Not Applicable Applied for Not Applicable Interest of the county where the principal place of business is located. I understand that the signature below shall have the sate facts at firnade updatopath and I am aware that false information submitted in a document to the Department of State constitutes a third of signature of Owner Date E-mail address: (to be used for future renewal notifications Name or Owners In the ownership Change Complete Sections 1 Through 4:  I (we) the undersigned, hereby cancel the fictitious name  , which was registered on and was assignant.		Address				Address			
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Address  Tampa FL 33611 City State Florida Document Number F93000034428 Florida Document Number FEI Number:    Applied for   Not Applicable   Applied for   State   Applied for   Applied for	1.	Johnson Br	others of Fl	lorida, Inc.	2.				
Tampa FL 33611 City State Zip Code Florida Document Number P93000034428 Florida Document Number FEI Number: 59–3188427 FEI Number: Mapplied for Not Applicable Pe undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In acceptance and the county where the principal place of business is located. I understand that the signature below shall have the san fect as if made undersonate and I am aware that false information submitted in a document to the Department of State constitutes a third of short as provided for in s.817.155, F.S.    G-70-2014   jsparstad@johnsonbrothers.com		•				Entity Name			
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FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:  I (we) the undersigned, hereby cancel the fictitious name and was assigned, which was registered on and was assigned.	ection	Appli dersigned, being an o	ed for No	at Applicable  tititious name, certify that ious name to be registe	red has be	nation indicated of	pplied for on this form is t	rue and acc	urate. In accordan
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Mark the applicable boxes

☐ Certificate of Status — \$10

☐ Certified Copy — \$30