

P93000034428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

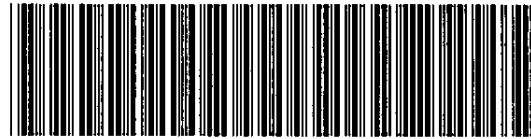
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUL 17 PM 4:08

Amend + Name 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 Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felix M. Phillips

Name of Contact Person

Felix M. Phillips, P.A.

Firm/ Company

333 South 7th Street, #2000

Address

Minneapolis, MN 55402

City/ State and Zip Code

jsparstad@johnsonbrothers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felix M. Phillips

Name of Contact Person

at (612) 349-6622

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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
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
of

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 17 PM 4:08

Johnson Brothers Liquor Company of Florida

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

P93000034428

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Johnson Brothers of Florida, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. 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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>VTD</u>	<u>Michael Johnson</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VSD</u>	<u>Todd Johnson</u>	<u>1999 Shepard Road</u>
<input checked="" type="checkbox"/> Add			<u>St. Paul, MN 55116</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CD</u>	<u>Lynn Johnson</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S</u>	<u>Esther Kauffman</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>Jim Garcia Jr.</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional 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. "

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: May 5, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Dated 6-26-2014

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)

Todd Johnson

(Typed or printed name of person signing)

Vice President/Secretary

(Title of person signing)

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 17 PM 4:11

Section 1

1. Johnson Brothers of Florida
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

1999 Shepard Road
Mailing Address of Business
St. Paul MN 55116
City State Zip Code

3. Florida County of principal place of business: _____

Hillsborough County
(see instructions if more than one county)

FEI Number: N/A

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This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

- | | |
|---|---|
| 1. _____
Last First M.I.

Address

City State Zip Code | 2. _____
Last First M.I.

Address

City State Zip Code |
|---|---|

B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

- | | |
|---|---|
| 1. <u>Johnson Brothers of Florida, Inc.</u>
Entity Name
<u>4520 S. Church Avenue</u>
Address
<u>Tampa</u> <u>FL</u> <u>33611</u>
City State Zip Code
Florida Document Number <u>P93000034428</u>
FEI Number: <u>59-3188427</u>
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. _____
Entity Name

Address

City State Zip Code
Florida Document Number _____
FEI Number: _____
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |
|---|---|

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature] 6-20-2014 jsparstad@johnsonbrothers.com
Signature of Owner Date E-mail address: (to be used for future renewal notification)
Phone Number: 651-649-5867

Section 4

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 _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

JUL 17 2014

T. CARTER

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50