P930000 75289

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Johnson Grove Service & Harvesting Inc DOCUMENT NUMBER: P 930000 75289
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda Johnson Rojas Name of Contact Person
Johnson Grove Service & Harvesting Inc. Firm/ Company
172 Garden AVL Address
Croveland F1. 34736 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Johnson Rojas at (352) 267-2832 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Johnson Grove Service 3	Filed with the Florida Dept. of State)	
P 930000 75289	med went the Florida Dept. of State	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following ame	ndment(s)
A. If amending name, enter the new name of the corporation:		
JGS INC.		
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Co professional corporation name must contain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	172 Garden Ave	
	Groveland, Fl. 34736	2_
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	_
Name of New Registered Agent A		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
N/A	gistered Agent, if changing	2020
Signature of New Re	gistered Agent, if changing	•-
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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: X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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			
Add			
Remove			
2) Change			
Add		·	
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	<u></u>
Add			
Remove			
5) Change		NIA	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

n amenumg or au Attach <i>additional s</i>	ding additional Art sheets, if necessary).	icles, enter cha (Be specific)	nge(s) here:			
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f an amendment	provides for an exc plementing the am	hange, reclassif	ication, or cancel	lation of issued sh	nares,	
(if not applice	ible, indicate N/A)	enament n not	tontamen in the a	inchument usen.		
NIF	-					
(1)	,					
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				·		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: Sept. 1, 2020 (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 will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ 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 INCOSPOSATOS (voting group)	
Signature (By a director, president of 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)	_
Linda Johnson Rojas (Typed or printed name of person signing)	 .
(Title of person signing)	