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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Law Office of Tho	mas Johnson, P.A.			
DOCUMENT NUM	IBER: P98000057708				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Diane Johnson				
		Name of Contact Person	· · ·		
	Law Office of Thomas Johnson, P.A.				
	Firm/ Company				
	510 Vonderburg Dr., Suite 30	03			
	Address				
	Brandon, FL 33511				
		City/ State and Zip Code			
	diane@tjlawpa.com				
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, pleas				
Diane Johnson		at (	_) 654-7272		
Name	e of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
At Di P.	ailing Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Law Office of Thomas Johnson, P.A.			
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	
P98000057708			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ring amendment(s)
A. If amending name, enter the new na	a <u>me</u> of the corporation:		
Johnson & Caggia Law Group, P.A.			77
name must be distinguishable and contain "Inc.," or Co.," or the designation "C"chartered." "professional association,"	Corp, " "Inc," or "Co".	'company," or "incorporated" or the abbrevious A professional corporation name must con "	The new ution "Corp.," tain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		510 Vonderburg Dr.	
		Suite 303	
		Brandon, FL 33511	22
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		510 Vonderburg Dr.	EB
		Suite 303	Δ
		Brandon, FL 33511	<u> </u>
D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent			ਜ਼ : 3 : 8
traine of the Regimered rigeria	510 Vonderburg Dr., Suite	e 303	
		reet address)	<del></del>
V D : 100 411	Brandon	33511	
New Registered Office Address:		, Florida (City) (Z	îp Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t: with and accept the obligations of the positio	n.
	Signature of New )	Registered Agent, if changing	
S			
Check if applicable  ☐ The amendment(s) is/are being filed p	oursuant 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)

Example:

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	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V		Nicholas A. Caggia	510 Vonderburg Dr.
X Add				Suite 303
Remove				Brandon, FL 33511
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	des, enter change(s) here: (Be specific)
N/A	
•	
<u> </u>	
F. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) N/A	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
<del></del>	

.

The date of each amendment(s)	February 1, 2020 adoption:	, if other than the
date this document was signed.		,
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action	1 and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	1
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	11
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	ry 1, 2020	
select	director president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Thomas L. Johnson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	