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(Requestor's Name)	
(Address)	
(Address)	000256904620
(City/State/Zip/Phone #)	
	. 02/28/1401020014 **25.00
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	

		COVER LETTER	
TO: Registration Se Division of Cor		► 4	
TLJB	Vending, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joan Michau	ud-Smith	
		Name of Person	
	T.L.J.B., LL	C	
		Firm/Company	
	1487 Main S	Street, ste 168	
		Address	
	Dunedin, Fl.	34698-4612	
	ioon michoudomi	City/State and Zip Code	
		th@tampabay.rr.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Joan Micha	ud-Smith	_{at (} 407, 401-12	254
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLJB VENDING, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>11/30/2011</u> and assigned Florida document number <u>L11000135226</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

T.L.J.B., LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		······
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AR	Taylor J. Michaud	7 Dunoon Pl., #114	🖬 Add
		Dunedin, Fl. 34698	Remove
AR	Lara A. Dillen	7 Dunoon Pl., #114	Add
		Dunedin, Fl. 34698	Remove
			Add
			🗆 Remove
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated February 20 2014 (MGR) Signature of a monteer or authorized representative of a member Joan Michaud-Smith (Typed or printed name of signee	<u> </u>	······································		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated February 20 Signature of a monteer or authorized representative of a member Joan Michaud-Smith Typed or printed name of signee				
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated February 20 Signature of a monteer or authorized representative of a member Joan Michaud-Smith Typed or printed name of signee		,,		
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Signature of a monther or authorized representative of a member Joan Michaud-Smith Typed or printed name of signee	(The effective date must be specific, cannot be	prior to date of receipt or filed date and cannot be more than 9	_ (optional) 90 days after	
Signature of a monther or authorized representative of a member Joan Michaud-Smith Typed or printed name of signee	Dated February 20	2014		_
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Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2014

TAYLOR J. MICHAUD 7 DUNOON PLACE #114 DUNEDIN, FL 34698

SUBJECT: TLJB VENDING, LLC Ref. Number: L11000135226

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office.

Division of Corporations

Letter Number: 814A00010916

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 814A00010916

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2014

JOAN MICHAUD-SMITH 1497 MAIN STREET #168 DUNEDIN, FL 34698

SUBJECT: TLJB VENDING, LLC Ref. Number: L11000135226

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 114A00007690

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2014

JOAN MICHAUD-SMITH 1487 MAIN STREET SUITE 168 DUNEDIN, FL 34698-4612

SUBJECT: TLJB VENDING, LLC Ref. Number: L11000135226

We have received your document for TLJB VENDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 114A00004641



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314