

L120000101374

Florida Department of State
Division of Corporations
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(((H13000219200 3)))



H130002192003ABCS

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To:

Division of Corporations
Fax Number : (850) 617-5383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050600099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jason@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
T & J MANAGEMENT SERVICES, LLC.

Certificate of Status	0
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2013 OCT -2 AM 9:07 RECEIVED
STATE OF FLORIDA
13 OCT -2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 3 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T & J MANAGEMENT SERVICES, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON D. MORTALES

Name of Person

CONTRACTORS REPORTING SERVICE, INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33624

City/State and Zip Code

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

For further information concerning this matter, please call:

JASON D. MORALES

at

(813) 932-5244

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H13000219200 3)))

T & J MANAGEMENT SERVICES, 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 08/06/2012 and assigned
Florida document number L12000101374.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

13508 BLUESUNFISH CT

(Principal office address MUST BE A STREET ADDRESS)

RIVERVIEW, FL 33569

Enter new mailing address, if applicable:

13508 BLUESUNFISH CT

(Mailing address MAY BE A POST OFFICE BOX)

RIVERVIEW, FL 33569

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

Name of New Registered Agent:

New Registered Office Address:

13508 BLUESUNFISH CT

Enter Florida street address

RIVERVIEW

Florida

33569

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MGRM-COUTS, TIMOTHY J
 NEW ADDRESS:
 13508 BLUESUNFISH CT
 RIVERVIEW, FL 33569

Dated OCTOBER 2, 2013

Signature of a member or authorized representative of a member

JASON D. MORALES

Typed or printed name of signee

2013 OCT -2 AM 8:07