

From: Bill Moore
10/3/2017

Fax: (813) 932-5244

Fax: (850) 617-6383
Division of Corporations

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L12000101374

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
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: info@activatemylicense.com

2017 OCT -3 AM 9:23
ALL E-1
STATE OF FLORIDA
FALL AMENDMENT

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2017 OCT -3 PM 12:46

FALL AMENDMENT

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

OCT - 4 2017

COVER LETTER

(((H17000259960 3)))

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:

BILL MOORE

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemylicense.com

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

For further information concerning this matter, please call:

BILL MOORE

Name of Person

at (813) 932-5244

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

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

(((H17000259960 3)))

T & J MANAGEMENT SERVICES, LLC.

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

2017 OCT -3 AM 9:23
FILED IN 1374
TAMPA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/6/2012 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:

6601 S WESTSHORE BLVD

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33616

Enter new mailing address, if applicable:

6601 S WESTSHORE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33616

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:

6601 S WESTSHORE BLVD

Enter Florida street address

TAMPA

City

Florida 33616

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

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AMBR	GEARHART, RONNIE	2082 ASPEN GLADE DR	<input checked="" type="checkbox"/> Add
		HUMBLE, TX 77339	<input type="checkbox"/> Remove

Contact - 3 AM 9:23

☐ Add
☒ Remove

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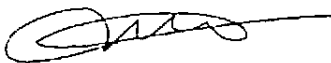
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 OCTOBER 3, 2017.



Signature of a member or authorized representative of a member

JAMES O COUTS

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
2017 OCT -3 AM 9:23
CLERK OF CIRCUIT
PALM BEACH COUNTY, FLORIDA

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