P10000045245

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000214128790

11/14/11--01006--026 **35.00

2011 NOV 23 AM 8: 49
SECRETARY OF STATE

N/C

rawn 11-28-11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ting Johnson Cunsulting Inc
DOCUMENT NUMBER: P 10000045245
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ting M. Johnson Name of Contact Person
Ting Johnson Consulting, Inc
_ & Brogdway, Suite 6
Gissimme FL 34741 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 847-0412 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee Status Certificate of Status & Certificat copy is enclosed) Certificate of Status & Certificat Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2011

TINA M JOHNSON TINA JOHNSON CONSULTING, INC. 8 BROADWAY AVE STE G KISSIMMEE, FL 34741

SUBJECT: TINA JOHNSON CONSULTING, INC.

Ref. Number: P10000045245

We have received your document for TINA JOHNSON CONSULTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6925.

Letter Number: 611A00025897

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation

20	// No.	KED	
MLL	111/1/	3 AM 8: 4	
<u>(e</u>)	MSSEE	FI ORIO	

(Name of Corporation as currently filed with the Florida Dept. of State)

Tina Tohnson Consulting TNC

(Document Number of Corporation (isknown)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of t	he corporation:		
Elite Team Mana	yemen t	Group, I.	JC,
The new name must be distinguishable and conta	n the word "corp	poration," "c d mpany," or "i	ncorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the a	lesignation "Corp	o," "Inc," or "Co". A profe	essional corporation
name must contain the word "chartered," "profe	ssional associatio	n," or the abbreviation "P.A	"
		8 7 . 1	1
 Enter new principal office address, if applied 		0 Degad	way HIC
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	8 Broad Sulfe G	/
		Kissinne	. FL 34
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	(SAM	€)
(managements) <u>m.m. 22 m. 1. 20 m. 1. 2</u>	<u> </u>		
D. If amending the registered agent and/or rep	rictored office ed	drass in Florida, antar the n	ama of the
new registered agent and/or the new register			ame of the
To the state of th		_ 、	
Name of New Registered Agent:	(>	AME)	<u>-</u>
	_	•	
			
	(Florida s	treet address)	
New Registered Office Address:		Floric	la .
wew negistered Office radicess.	(City	, Floric	(Zip Code)
•	, , ,	•	
		•	
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered age	ent. I am familiai	r with and accept the obligati	ons of the position.
Signature	of Naw Pagistara	I Agent if changing	

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s); name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name		<u>ddress</u>	
1)			(SAM	(€)
2)		- - <u>-</u>		
3)		- - -	,	
4)				
5)		- - <u>-</u>		-
6)				
If REMOVING an off	icer and/or director, please list the	title(s) and r	ame of the officer/directo	r to be removed:
Title(s) Name	_ ,	Title(s)	<u>Name</u>	
1)	NA	4)		
2)		5)		

3)___

(SAME)	-
1) Name Change from: Tina Johnson Consulto: Elite Team Management Group, INC. effective 10-1-2011	Hag, I
	.

Provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
The date of each amendment(s) adoption:
The date of each amendment(s) adoption:
The date of each amendment(s) adoption:
The date of each amendment(s) adoption: O - [- ZO] Effective date if applicable: (no more than 90 days after amendment file date)
The date of each amendment(s) adoption:
The date of each amendment(s) adoption: 10-1-201(Effective date if applicable: 10-1-201((no more than 90 days after amendment file date)
The date of each amendment(s) adoption: $\frac{ O - - 2O }{ O - - 2O }$ Effective date if applicable: $\frac{ O - - 2O }{ O - - 2O }$ (no more than 90 days after amendment file date)
Effective date if applicable: 10 - [- 20 [(no more than 90 days after amendment file date)
Effective date if applicable: 10 - [- ZO] ((no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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
hu "
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature Ju M. L. Shusen
(By a director, president or other officer)—if directors or officers have not been selected, by an incorporator—if in the bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)