## P1200007348/

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AMIRION OF CORPORATIONS

C.Lewis 6-11-14

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TIM MATHEWS CONSTRUCTION DOCUMENT NUMBER: P 120000 734 81 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TIMI MATHEWS Name of Contact Person GUSTRUCTION TIM MATHEWS Firm/ Company BAY MARE LAUE PALM BM FL 32-907

City/ State and Zip Code TJMCOUSTNUCTIONINC QYAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TIMI MATHEWS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

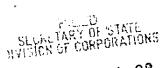
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of



14 SEP -4 PH 4: 28

(Name of Corporation as curre		· · · · · · · · · · · · · · · · · · ·
P 120000734	181	<del>.</del>
(Document Nun	ber of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
TJM CONSTRUCTO	on Inc	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	The new "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4."
B. Enter new principal office address, if app	licable:	1502 BAY MANELANE NW
(Principal office address MUST BE A STREE		PAIN By A 32507
		· · · · · · · · · · · · · · · · · · ·
	•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	CE BOX)	1502 BM MARCLAUE
	· · · · · · · · · · · · · · · · · · ·	PALM BAY FL 32907
•	•	
D. If amending the registered agent and/or r new registered agent and/or the new regis		s in Florida, enter the name of the
Name of New Registered Agent		
Name of New Registered Agent	W/H	
	(Florida street	address)
New Registered Office Address:	A/A	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered a	gent. I am familiar with	
	N/A	nt, if changing
Signatur	e of New Registered Age	nt, if changing

## 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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NIA	
Add Remove			
2) Change		N/ A	
Add Remove			
3) Change		O(A	
Remove			
4) Change		N/A	
Remove			
5) Change		N/A	
Remove			
6) Change		M/A	
Add			

<b>f amending or adding additional Arti</b> Attach <i>additional sheets, if necessary).</i>	(Be specific)
W/A	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
•	( A
N/	<u> </u>

The date of each amendment(s) a	doption: DATE 51	SHED SE LART	OF STATE CRPORATIONS	_, if other than the
date this document was signed.	, (1 <sub>A</sub>	14 SEP -4	РМ 4: 28	
Effective date if applicable:	(no more than 90 day	rs after amendment file dat		_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The num	her of votes east for the ar	nendment(s)	
	proved by the shareholders through each voting group entitled to vote s			
"The number of votes cast	for the amendment(s) was/were suf	ficient for approval		,
by	(voting group)			
The amendment(s) was/were addaction was not required.	opted by the board of directors with	out shareholder action and	shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without s	hareholder action and shar	eholder	
Dated 8.	25-14			
Signature	1/A			_
(By a d	irector, pesident or other officer — d. by an incorporator — it in the han ted fiduciary)			
	TIMOTHY J /	MATHEWS		_
ha		I name of person signing)		
	DAEC	Die 4.57		

(Title of person signing)