

P14000058621

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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((H14000204170 3)))



H140002041703ABCT

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
TJ&M MANAGEMENT CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Amend

9-2-14 DC

*Corrected*

September 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TJ&M MANAGEMENT CORP.
10550 HOLLOWAY DR.
49
LEESBURG, FL 34788

SUBJECT: TJ&M MANAGEMENT CORP.
REF: P14000058621

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments are filed in compliance with section 607.1006, Florida Statutes.

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) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H14000204170
Letter Number: 514A00018703

RECEIVED
14 SEP -2 PM 4:00
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **TJ&M MANAGEMENT CORP**

DOCUMENT NUMBER: **P14000058621**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle M Haremaker

(Name of Contact Person)

CHELLE'S SOFTAIL SALOON

(Firm/ Company)

10550 HOLLOWAY DR#49

(Address)

LEESBURG, FL 34788

(City/ State and Zip Code)

2Fat.Pugs1121@gmail.com

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

For further information concerning this matter, please call:

Michelle M Haremaker

(Name of Contact Person)

at **352 406-6556**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

TJ + m Management Corp.

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

P 14000058621

(Document Number of Corporation (if known))

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 the corporation:

NA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

NA

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
14 SEP 02 AM 9:15

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-------------------|---|---|
| 1) <input type="checkbox"/> Change | <u>VP</u> | <u>Haremaker, Thomas J</u> | <u>10550 Holloway Dr. #49</u> |
| <input type="checkbox"/> Add | | | <u>Leesburg, FL 34788</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>SEC</u> | <u>Marunich, Elona J.</u> | <u>10550 Holloway Dr. #50</u> |
| <input type="checkbox"/> Add | | | <u>Leesburg, FL 34788</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 4) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 5) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 6) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NA

The date of each amendment(s) adoption: _____

Effective date if applicable: Sept 2, 2014

(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

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 Sept 2, 2014

Signature Michelle M. Haremaker

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michelle M. Haremaker

(Typed or printed name of person signing)

President

(Title of person signing)