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TO: Amendment Section Division of Corporations			
SUBJECT: TMCPB,INC	Name of Corporation		
DOCUMENT NUMBER: P1600005	· ·		
The enclosed Articles of Correction and for	ee are submitted for filing.		
Please return all correspondence concerni	ng this matter to the following:		
Michael A Lown			
TMCPB,INC.			
6095 28th St SE, Suite	210		
Grand Rapids, MI 495	46		
City/State and Zip Code michaell@themotorcycleco E-mail address: (to be used for future annual r			
For further information concerning this matter, please call:			
Michael A Lown	at (616)805-5890 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amo	unt:		
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□ \$43.75 Filing Fee & Certified Copy	■ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
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 CORRECTION

For

TMCPB,INC.

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

P16000053967

Document Number	r (if known)
Pursuant to the provisions of Section 607.0124 or 61 these Articles of Correction within 30 days of the file	7.0124, Florida Statutes, this corporation files e date of the document being corrected.
These articles of correction correct ELECTRONIC	(Document Type Being Corrected)
filed with the Department of State on June 21, 2	016 Date of Document)
Specify the inaccuracy, incorrect statement, or defec	t:
To correct the name of the corporation by adding	a space after the comma (,) and before INC.
Name of the corporation as originally f	iled TMCPB,INC.
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	 _
Correct the inaccuracy, incorrect statement, or defect	
Add a space after the comma (,) and b	
	<u> </u>
Correct name of the corporation, TMC	PB, INC.
(Signature of a director, president or other not been selected, by an incorporator - if a other court appointed fiduciary, by that fix	n the hands of the receiver, trustee, or
Michael C. Veracka	President

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00