

P220000049308

(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



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08/19/22--01009--027 \*\*35.00

2022 NOV 19 4:19:57  
[Signature]

Amend

DEC 03 2022

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**Florida Department of Revenue**  
*General Tax Administration*

**Jim Zingale**  
Executive Director

5050 West Tennessee Street, Tallahassee, FL 32399

floridarevenue.com

FLORIDA DEPT OF STATE / DIVISION OF CORPORATIONS  
AMENDMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314

08/16/2022  
CK#9449  
AMT: \$ 35.00

**We are returning the payment referenced above and/or documentation for the reason(s) indicated below:**

XX Your check, money order, and/or document(s) were sent to the Florida Department of Revenue in error.

We are unable to determine the purpose of this payment. If it is for the payment of a Florida Department of Revenue-administered tax or fee, please return it to the address below along with the appropriate tax return or document(s).

This payment is accompanied by a federal income tax return/form/document. The Florida Department of Revenue does not process any forms/payments on behalf of the Internal Revenue Service (IRS).

Your check or money order is not made payable to the Florida Department of Revenue, the legal line is blank, or the signature is missing, therefore making it non-negotiable. Please replace this payment with a correct and complete check or money order.

Envelopes supplied by the Florida Department of Revenue are uniquely ink/color-coded. The U.S. Postal Service will route them to our office regardless of how you relabel/readdress them. Please use them only for Florida Department of Revenue business to avoid misdirection of your mail.

Your payment was damaged in the mail. We are returning it to you, as it cannot be processed. Please return your replacement check or money order with the enclosed coupon to the address below.

We are returning the enclosed corporate tax documentation. It cannot be processed due to the computation page (page 1) being incomplete/missing. Please complete the enclosed F-1120 computation page and return it with all accompanying documentation to the address below.

We are returning your 1099 MISC form. The State of Florida does not have individual income tax.

XX **FORWARDED TO FLORIDA DEPT OF STATE.**

Please include this letter in the enclosed envelope(s) with your response, to the address below:

**Florida Department of Revenue**  
5050 W Tennessee St Bldg. L  
Tallahassee FL 32399-0120

COVER LETTER

**RECEIVED**

AUG 12 2022

TECHNICAL ASSISTANCE  
AND DISPUTE RESOLUTION

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TLJ ELITE MOBILITY TRANSPORTATION, INC.

DOCUMENT NUMBER: P22000049808

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

Please return all correspondence concerning this matter to the following:

Matthew J. Monaghan, Esq.

Name of Contact Person

Goldman, Monaghan, Thakkar & Bettin, P.A.

Firm/ Company

96 Willard Street, Ste. 302

Address

Cocoa, FL 32922

City/ State and Zip Code

tljelite@gmail.com

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

For further information concerning this matter, please call:

Travis Jones

at ( 321 ) 243-9606

Name of Contact Person

Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 AUG 19 11:06 CT

Articles of Amendment  
to  
Articles of Incorporation  
of

TLJ ELITE MOBILITY TRANSPORTATION, INC.

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

P22000049808

(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:**

N/A

*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)

5316 San Sebastian Way, Apt. J108

Rockledge, FL 32955

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

5316 San Sebastian Way, Apt. J108

Rockledge, FL 32955

**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

TRAVIS JONES

5316 San Sebastian Way, Apt. J108

(Florida street address)

New Registered Office Address:

Rockledge

(City)

Florida 32955

(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.*

Travis Jones

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

☒ Change                      PT        John Doe

☒ Remove                      V        Mike Jones

☒ Add                              SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP,S,T	REBECCA BRAWNER	1816 Sun Gazer Drive
<input type="checkbox"/> Add			Rockledge, FL 32955
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	S,T	TRAVIS JONES	5316 San Sebastian Way J 108
<input checked="" type="checkbox"/> Add			Rockledge, FL 32955
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**F. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated \_\_\_\_\_ August 8, 2022

Signature Travis Jones  
(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)

TRAVIS JONES

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)