# 114260

(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:
,



300162145503

wog-50305

11/12/09 -01011--013 \*\*43.75

marie Change?

FILED

2009 NOV 30 AM 9: 33

SECRETARY OF STATE TALLAHASSEE FLORIDA

Office Use Only

2 00789, 06530, 00671

ADR 11/30/09



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2009

John Edgar Sherrard, Esq. 34 SE Fifth Street Stuart, FL 34994

SUBJECT: J & M PROPERTIES, INC.

Ref. Number: V14260

We have received your document for J & M PROPERTIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 1995 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, www.sunbiz.org. Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

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) 245-6907.

Letter Number: 309A00035587

Annette Ramsey Regulatory Specialist II

Division of the property of th

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Ñ



NAME OF COR	PORATION: J&M Pro	operties, Inc.	<del></del>		
DOCUMENT NU	JMBER: <u>V14260</u>		·		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.			
Please return all co	orrespondence concerning thi	s matter to the following:			
	John Edga	ar Sherrard, Esq.			
	N	ame of Contact Person			
		•			
	John Edga	or Sherrard, P.A.			
		Firm/ Company			
	34 SE Fif	th Street			
		Address			
	Stuart, I	71. 34994			
		ity/ State and Zip Code			
	C	ry, state and Zip Code	•		
		ellsouth.net			
	E-mail address: (to be use	d for future annual report notification)			
For further inform	ation concerning this matter,	please call:			
John Edgar	r Sherrard	at ( 772 ) 283-9322	2		
Name	e of Contact Person	Area Code & Daytime Te	lephone Number		
Enclosed is a chec	ck for the following amount m	ade payable to the Florida Depar	tment of State:		
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$\sum \\$43.75 \text{ Filing Fee & Certified Copy }     (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing A	ddress	Street Address			
Amendme		Amendment Section	· · · · · · · · · · · · · · · · · · ·		
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building	1-		
Tallahassee, FL 32314		2661 Executive Center Circ	IC .		

Tallahassee, FL 32301

Law Offices of

#### JOHN EDGAR SHERRARD, P.A.

34 S.E. Fifth Street Stuart, Florida 34994-3010 E-mail: jesesq@bellsouth.net http://www.boardcertifledattomey.com

BOARD CERTIFIED IN REAL ESTATE LAW BOARD CERTIFIED IN MARITAL AND FAMILY LAW

Tel: (772) 283-9322 (772) 878-0103 Fax: (772) 283-2928

November 23, 2009

Florida Department of State Division of Corporations Attn: Annette Ramsey P.O. Box 6327 Tallahassee, Fl. 32314

Re:

J & M Properties, Inc. Ref. Number: V14260

Dear Ms. Ramsey:

Thank you for your letter of November 13, 2009 regarding the above-referenced matter. When I looked through my file, I noticed that my client had provided me with a September 25, 2009 letter indicating that the reinstatement fee had been paid in full and that a copy of the letter was to be provided with any documents regarding the amendment changing the name of the entity. I apologize for my mistake.

Enclosed you will find the following documents:

- 1. A copy of your November 13, 2009 letter along with the original amendment documents that I previously sent to you.
- 2. A copy of the September 25, 2009 letter from the Florida Department of State Division of Corporations indicating that the total of \$2,858.75 was in fact received by you for the reinstatement of the subject entity.
- 3. A copy of the Corporation Reinstatement form that was filed by my client dated September 23, 2009 and stamped that it was in fact reinstated on 9/25/09.

I would appreciate your processing the amendment based upon the enclosures. Should there be any questions regarding this matter feel free to contact me.

John Edgar Sherrard

Very truly yours

JES/paf ö enclosures

NOV 25 AP

### **Articles of Amendment** to Articles of Incorporation of

FIL	E	D
2009 NOV 30	AH	ىت 9: ئ

J & M.Propert	ties, Inc.	_
(Name of Corporation as currently filed with the	e Florida Dept. of State ALLARY AND STARY	3
	LAHASSEE FI STATE	
(Document Number of Corneration	(if known)	

Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statut	es, this <i>Florida Pro</i>	fit Corporation	adopts the follo
A. If amending name, enter the new name	of the corporation	<u>n:</u>		
J & M Properties of Port St.	Lucie, Inc.			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	e designation "C	orp," "Inc," or "Co	". A profession	prated" or the
B. Enter new principal office address, if ap	plicable:	314 NW Millpo	nd Lane	
(Principal office address MUST BE A STREET ADDRESS		Port St. Luci	e, Fl. 34986	5
		<del> </del>		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		314 NW Millpo	nd Lane	
•		Port St. Luci	e, Fl. 34986	<u></u>
D. If amending the registered agent and/or new registered agent and/or the new reg			enter the name	of the
Name of New Registered Agent:		······································	<del></del>	
New Registered Office Address:		lpondáLanee da street address)		
	Port St. L		, Florida	34986
	(City)		(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			the obligations	of the position.
	Signature of New	Registered Agent if	chanaina	

## 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)

<u>Title</u>	Name .	Address	Type of Action
PTSD .	Mona Carroll	314 NW Millpond Lane Port St. Lucie, Fl. 34986	Add Remove
			_ □ Add □ Remove
	ding or adding additional Article dditional sheets, if necessary). (i		-
provisi	mendment provides for an excha ons for implementing the amend not applicable, indicate N/A)	nge, reclassification, or cancellation of is ment if not contained in the amendment	sued shares, itself:

The date of each amendment(s) a	doption: November 9, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) November 9, 2009
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
X The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement 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	,,
(vot	ing group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
DatedNovem	ber 9, 2009
Signature $\underline{\hspace{1cm}}\gamma$	Dora Carroll
	rector, president or other officer – if directors or officers have not been
•	by an incorporator – if in the hands of a receiver, trustee, or other court
арроппе	ed fiduciary by that fiduciary)
	Mona Carroll
<del></del>	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)