0000 22813

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F		

Office Use Only



100325075421

02/25/19--01024 -007 **55.00



R. WHITE

MAR 1 3 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SHAOLID - DO PEDSACOLA, ULC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
WARREN K METMAN Name of Person
SHACLD-DO PEDSACOLA, LLC Firm/Company
3015 Newtor DR Address
PEDSAcolA, FL 32503 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WARREN K YETHAD at (512) 415-3974
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: S25 Filing Fee S30 Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy S55 Filing Fee & Certified Copy Certified Copy



March 4, 2019

WARREN K YETMAN 3015 NEWTON DR PENSACOLA, FL 32503

SUBJECT: SHAOLIN-DO PENSACOLA LLC

Ref. Number: L17000022813

We have received your document for SHAOLIN-DO PENSACOLA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign limited liability company, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

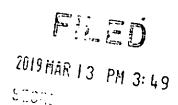
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00004426

Rebekah White Regulatory Specialist III

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/31/2017 and assigned Florida document number L17000022813 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PEDSACOLA KUDG Fu & TAI CHI, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Address** Name <u>Title</u> □ Add ☐ Remove _____ Change ☐ Change _□ Add □ Remove _____ Change □ Remove __ 🗆 Change ☐ Remove _□ Change \square Add ☐ Remove

_____ Change

-	
•	
•	
an cf ote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	3/10/19 MARCH, 3rd, 2019
	Signature of a member authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00