L06000039977

. (Re	questor's Name)	
(Ad	dress)	
(Δd)	dress)	
(XG	uicss)	
(Cit	y/State/Zip/Phone #)
	_	_
PICK-UP	WAIT	MAIL
- (Bu	siness Entity Name	<u> </u>
(00	amess Emily Name,	,
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. LEWIS

FEB 3 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJE	·CŤ·	Rae's Academy of Tae Kwe	on Do, LLC	•	
SULJE	<u></u>		ited Liability Company)	 -	
The en	closed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please	return all corres	spondence concerning this matter	to the following:		
			Ginger R. Schneider		
			(Name of Person)		
Rae's Academy of Tae Kwon Do, LLC					
		The state of the s	(Firm/Company)	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
			4646 Blue Pine Circle		
		<u> </u>	(Address)	·····	
	Lake Worth, FL 33463				
			(City/State and Zip Code)		
For fun	ther information	n concerning this matter, please c	all:		
Elysha R. Schneider		R. Schneider	at (561) 735-0306		
·	(Nan	ne of Person)	(Area Code & Daytime To	elephone Number)	
Enclose	ed is a check fo	r the following amount:			
□ \$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	₩\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

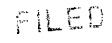
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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	e's Academy of Tae Kwon Do,	LLC TALLARA	SEE PLONIEM		
(<u>Name of the Limited</u> (A	Liability Company as it now appe Florida Limited Liability Company	ars on our records.			
The Articles of Organization for this Limited Lie Florida document numberL06000039977	ability Company were filed on	04-14-06	and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liability company ho	ere:			
The new name must be distinguishable and end with L.L.C."	the words "Limited Liability Com	pany," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:				
Principal office address MUST BE A STREE	TADDRESS)				
					
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE 1	<u> </u>				
B. If amending the registered agent and/o registered agent and/or the new registered of		our records, enter	the name of the nev		
Name of New Registered Agent:	Elysha R. Schneider				
New Registered Office Address:	3469 W. Boynton Beach Blvd. Suite 16 (Enter Florida street address)				
	Boynton Beach (City)	, Florida _	33436 (Zip Code)		
	(City)		(Lip Coue)		

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 608, 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.

(If Changing Registered Agent, Signature of New Registered Agent)

4 If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title Address Type of Action** Name | MGR Ginger R. Schneider 4646 Blue Pine Circle ☐ Add Lake Worth, FL 33463 Remove Elysha R. Schneider MGR 3469 W. Boynton Beach Blvd. Suite 16 **≱** Add Boynton Beach, FL 33436 ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add □ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 15 2009 Dated _ Signature of a member or authorized representative of a member

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Ginger R. Schneider
Typed or printed name of signee

Filing Fee: \$25.00