L09000121261

	•	
(Re	questor's Name)	•
· (A d	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	aress)	
(Ad	dress)	
Ç	·-··,	
, (Cit	ty/State/Zip/Phone	#)
•		
	WAIT	MAIL
L Hore-of		
(D.:	siness Entity Nam	
ua)	siness Enuty Nam	e)
(Do	cument Number)	
(,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		į



500173113045

03/29/10--01005--005 **25.00

FILED

10 MAR 29 PM 2: 24

SEGRETARY OF STATE
SEGRETARY OF FLORIDA

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Kenjin Ryu Martial Arts LLC Name of Limited Liability Company					
	Amendment and fee(s) are submondence concerning this matter	-			
r icase return an correspo	indence concerning this matter	to the following.			
	DEEPIKA F	AGARWAL Name of Person			
		YU MARTIAL ART			
·		BAYMEADOWS Address			
	JACKSONULL	E FC 32256 City/State and Zip Code C Gma'U. com be used for future annual report notification			
	Kenjin ryu	be used for future annual report notification	n)		
For further information concerning this matter, please call:					
DEFPIKA	AGARWAL	at (<u>904)</u> 65254/ Area Code & Daytime Tele	0		
Name o	f Person	Area Code & Daytime Tele	ephone Number		
Enclosed is a check for the	. •				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registi Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURIER A Registration Section Division of Corporation			
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center (Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED

U	!	10 MAR 29 PM 2: 24
KENJIN RYU MAR- (Name of the Limited Liability Compar (A Florida Limited L	TIAL ARTS ny as it now appears on iability Company)	LISTORETARY OF STATE OUR PECONDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L 09000/2/267</u> .	were filed on $12/2$	1/2009 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9551-3 JACKSON UI	BAYMEADOWS ROAD LIE FC-32256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9551-3 TACKSONULL	BAYMEADOWS ROAD LE FC - 32256
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida etraet 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Managér MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>ugrm</u>	JOSEPH M SCOTT	12255 PLUMMER GRANT ROAD, JACKSONVILLE FE 32	Add 2.54 Remove
	·		Add Remove
	, , , , , , , , , , , , , , , , , , , 		Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	FILED MAR 29 PH SECRETARISEE, ALLAHASSEE,
			STATE STATE
Dated O		or authorized representative of a member	
	i ypeu i	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00