

L10000008194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

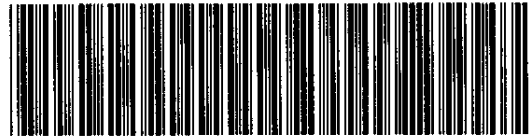
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900255551389

01/21/14--01020--015 **30.00

16 FEB 14 PM 14:35
FEB 14 2014
FEB 14 2014

15 FEB 06 2014

627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2014

MARK DONOFRIO
2669 B N FLORIDA AVE
HERNANDO, FL 34442

SUBJECT: UNITED TAE KWON DO & YOGA, LLC
Ref. Number: L10000008194

We have received your document for UNITED TAE KWON DO & YOGA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00001563

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Tae Kwon Do & Yoga, LLC (L10000008194)
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark D'Onofrio
Name of Person
United Tae Kwon Do & Yoga LLC
Firm/Company
2669 B N Florida Avenue
Address
Hernando, FL 34442
City/State and Zip Code
keelongstrong@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark D'Onofrio at (352) 4226923
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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**

United Tae Kwon Do & Yoga LLC

(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 1/22/2010 and assigned Florida document number U0000008194.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

B. 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

_____, Florida _____

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR AMBR	Mark J. D'Onofrio	2609 N. Forestridge Blvd	☒ Add
		# 131	☐ Remove
		Hernando, FL, 34442	
MGR AMBR	ILY Park	6377 6733 N. Foxdale Drive	☐ Add
		Citrus Springs	☒ Remove
		FL 34434	
MGR	Tara N. Heath	2609 N. Forestridge Blvd	☒ Add
		# 131	☐ Remove
		Hernando FL 34442	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

14 FEB - 4 2014
14 FEB - 4 2014
14 FEB - 4 2014

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 31 Jan, 2014.



Signature of a member or authorized representative of a member

MARK J. DONOFRIO.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
MAR 14 2014
TALLAHASSEE, FLORIDA
14 FTD-4 731435