L100000/7753

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200206938812

05/03/11--01019--009 **25.00

SECRETARY OF STATE DIVISION OF CURFORATION

T. HAMPTON MAY 28 2011

EXAMINER

COVER LETTER

то:	Registration Secti Division of Corpo			,		
SUBJE	CT: S	HINTAIKI-JI GOJ	U-RYU SHIRENKAN	N, LLĊ		
	<u> </u>		ited Liability Company			
The enc	losed Articles of Ar	mendment and fee(s) are sul	omitted for filing.			
Please re	eturn all correspond	ence concerning this matter	to the following:			
		JOSE A DI CARLO				
Name of Person						
	SHINTAIKI-JI GOJU-RYU SHIRENKAN, LLC					
			Firm/Company			
		1	0845 SW 225TH TR			
Address						
			MIAMI FL 33170			
	City/State and Zip Code					
		KS	KOGSK@GMAIL.COM to be used for future annual report			
F C4	· · · · · · · · · · · · · · · · · · ·		·	noancation)		
For Turu	ner information con	cerning this matter, please of	an:			
		DI CARLO	at (786)	355-1163		
	Name of Po	erson	Area Code & Daytime Telephone Number			
Enclosed	d is a check for the	following amount:				
\$25.0	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Section 1 Section 2 Sectio		
	Registration of Division of	G ADDRESS: on Section of Corporations	Registration S Division of Co	orporations .		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 MAY 20 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 5, 2011

JOSE A DI CARLO 10845 SW 225TH TR MIAMI, FL 33170

SUBJECT: SHINTAIKI-JI GOJU-RYU SHIRENKAN, LLC

Ref. Number: L10000017755

We have received your document for SHINTAIKI-JI GOJU-RYU SHIRENKAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00011081

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

SECRETARY OF STATE

OF

11 MAY 20 AM 8: 20

	SHINTAIKI-J	GOJU-RYU SHIRE	ENKAN, LLC			
(<u>N</u>	ame of the Limited Li (A Fl	ability Company as it now a orida Limited Liability Compa	ppears on our records.) any)			
The Articles of Organization	for this Limited Liab	ility Company were filed on	02/04/2010	and assigned		
Florida document number						
This amendment is submitted	to amend the follow	ing:				
A. If amending name, ente	r the new name of th	e limited liability company	<u>y here</u> :			
	SHINTAIKI-JI GO	JU-RYU SHIRENKAN	KYOKAI, LLC			
The new name must be distingu "L.L.C."	nishable and end with the	ne words "Limited Liability C	ompany," the designation "I.	LC" or the abbreviation		
Enter new principal offices	address, if applicabl	le:				
(Principal office address ML	<u>IST BE A STREET A</u>	ADDRESS)				
Enter new mailing address,						
Mailing address MAY BE A	POST OFFICE BO	<u></u>				
B. If amending the regist registered agent and/or the			on our records, <u>enter t</u>	he name of the new		
Name of New Regis	stered Agent:			**************************************		
New Registered Off	ice 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 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

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 <u>Address</u> **Type of Action** <u>Name</u> Remove ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Jose Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00