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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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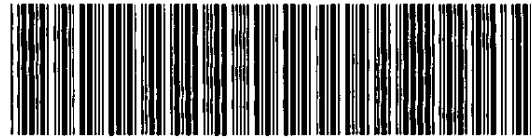
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

J. BRYAN

JUL 20 2010

EXAMINER

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Springs Taekwondo Center LLC
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:

Mirta M. Fries
Name of Person
Coral Springs Taekwondo Center LLC
Firm/Company
10550 Wiles Rd.
Address
Coral Springs FL 33076
City/State and Zip Code
usmarco @ Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRTA M FRIES at (954) 744.6554
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
10 JUL 19 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Coral Springs Taekwondo Center 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 02-22-2010 and assigned
Florida document number 1000 00 19947

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10550 Wiles Rd

Coral Springs FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10550 Wiles Rd

Coral Springs FL 33076

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:

MIRTA M FRIES

New Registered Office Address:

5701 NW 61st PL

Enter Florida street address

PARKLAND

Florida

33067

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.

Mirta Fries
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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--|---|
| MGR | MARCO NOGUERA | 4613 N University Dr / 538 CORAL SPRINGS FL 33067 | <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Coral Springs FL July 14, 2010

x Marta Fries
Signature of a member or authorized representative of a member
MIRTA M. FRIES MGR
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARCO A NOGUERA

Marco A. Noguera