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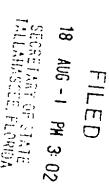
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COVER LETTER

	tion Section of Corporations	
SUBJECT:	Sinco AST TAR Know Do, LLC Name of Limited Liability Company	
The enclosed Ar	cles of Amendment and fee(s) are submitted for filing.	
Please return all	orrespondence concerning this matter to the following:	
	Joseph D. Macky T	
	SUXOASI TAR KWONDO, LLC	
	5621 Brooklyn Aug	
	SARASOTA Fluida 34031 City/State and Zip Code info@ Sucoast Tackwords. com	
	City/State and Zip Code INFO SUCO AST TACKWOULDS. COM E-mail address: (to be used for future annual report notification)	
For further infor	nation concerning this matter, please call:	
Joseph	Name of Person at (941) 356-4658 Area Code Daytime Telephone Number	
Enclosed is a ch	ck for the following amount:	
\$25.00 Filin	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

Suncoas T (Name of the Limited)	TAR KWONDO	LLC ecords.)
(A	Florida Limited Linbility Company)	1
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{03}{8}$	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	18 AU T
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designatio	n "LLC" or the abbreviation "LTC."
Enter new principal offices address, if applicabl	e:	SA - M
(Principal office address MUST BE A STREET A	ADDRESS)	를 하고 <mark>중</mark> : : : : : : : : : : : : : : : : : : :
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re e address here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
_		
	Ciņ·	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Title** <u>Name</u> MGR Tracey L. Macket SARASOLA, FI 34731 □ Remove ☐ Change □ Add ☐ Remove 📆 🗆 Change ₽ Rentore hange _□ Add ☐ Remove _□ Change ☐ Remove _□ Change □ Add ☐ Remove □ Change

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	, 1
E. Effec	ive date, if other than the date of filing: 77916 (optional)
(If an el	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	ent's effective date on the Department of State's records.
YC 41	d asserting a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The	cord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier σ
	- /ac ania
Dated	7/28 2018
Date	
Date	Signature of a member or authorized appresentative of a member

Page 3 of 3

Filing Fee: \$25.00