

L1200000 33805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 MAY 21 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FL

05/21/20--01002--022 **25.00

CM
6/11/20

COVER LETTER

Registration Section
Division of Corporations

SUBJECT:

SUNCOAST TaeKwonDo, 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:

Joseph Mackay

Name of Person

SUNCOAST TaeKwonDo

Firm/Company

5621 Brooklyn Ave

Address

SARASOTA, FL 34231

City/State and Zip Code

info@SUNCOASTTAEKWONDO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Mackay

Name of Person

at (941)

Area Code

356-4658

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

SUNCOAST Taekwon Do

2020 MAY 21 AM 9:16

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/9/12 and assigned
Florida document number L12000033805

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

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

City

, Florida

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 the change.

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

[illegible]

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

If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5/19 2020

Sgt. W. M. H., MGRM
Signature of member or authorized representative of a member

Typed or printed name of signee