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2013 NOV 20 PN 3: 12 TALLAHASSEF, FLORID

> B. BOSTICK NOV **2 1 2013**

> > **EXAMINER**

COVER LETTER

	istration Section is some of Corporation of Corporation of Corporation is the section of Corporation of Corpora		×		
SUBJECT:		Mac Kay Name of Limite	Hospitality Company	LLC	
The enclosed	Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return	all corresponde	ence concerning this matter t	o the following:		
		Jas	Phackay Name of Person		
			N/A Firm/Company		
		56 21	Brooklin Aug	<u>e</u>	
		SARASO	A F 346 City/State and Zip Code	186	
	-	Jõer E-mail address: (to	MACKAY @ HOTMAND Be used for future annual report notification	ail, com	
For further in	nformation cond	cerning this matter, please ca	11:	מושבר.	
Jose	Name of Pe	MACKA T	at (941) 356-4 Area Code & Daytime To	1658 Selephone Number	
Enclosed is a	check for the f	following amount:		Fa 3: 12	÷.,
□ \$25.00 Fi	ling 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	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

. 1

Marka + Hosn	Hality LLC) -
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
(TT IOTAL SILITOS SIL	, ,	
The Articles of Organization for this Limited Liability Company we	ere filed on $\frac{7/3}{2013}$	and assigned
Florida document number <u>L130000 9513</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
Cho Shim KWAN Martial	Arts Associa	tion, LL
The new name must be distinguishable and end with the words "Limited "L.L.C."		
Enter new principal offices address, if applicable:	5621 Brookly,	u Aue
(Principal office address MUST BE A STREET ADDRESS)	SARASOLA FI	34731
		* 3
Enter new mailing address, if applicable:		eus)
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	pulland Frank
	S S	20
•	***	. 7
B. If amending the registered agent and/or registered offic		
registered agent and/or the new registered office address here:	2 5 5	N N
N CN D '		
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street add	iress
	, 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 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> Type of Action Name | <u>Address</u> Remove Remove Remove Remove Add Remove

	<u> </u>			
	/10	, <u>201</u> ;	3	
		Jul D	MIK,	MERM
		Joseph 7	r authorized represent	иY

Page 3 of 3

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