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SEGRETARY OF STATE

2014FEB 20 AM N: 32

## **COVER LETTER**

		SIC DET TER	
TO: Registration Section Division of Corporation			
SUBJECT: KORE	A TOUR LLC		
Separation	Name of Limited Liab	lity Company	
	nendment and fee(s) are submitted for	_	
Please return all correspond	ence concerning this matter to the fo	llowing:	
	Min Park		
	Na	ame of Person	<del></del>
	Korea Tour		
	Fi	rm/Company	
	6804 Planting S	t #6103	2014 FEB 20 AM B SECRETARY OF S TALLAHASSEE, FL
		Address	[mg] ==<
	Winter Garden F	FI 34787	OF STATE
	ktour.cfl@gmail.com	ate and Zip Code	12*
	·	for future annual report notification	on)
For further information cond	erning this matter, please call:		
John Ballant	yne	, 407, 298-012	.2
Name of Pe	rson	Area Code Daytime Tele	phone Number
Enclosed is a check for the f	ollowing amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$5	5.00 Filing Fee &	□ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

### MAILING ADDRESS:

Certificate of Status

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

### STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(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

KOREA TOUR LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability Consider document number <u>L1400003380</u>	Company were filed on 01/17/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		THE STATE OF THE S	
(Principal office address MUST BE A STREET ADDI	RESS)	EJARY CHASSE	
Enter new mailing address, if applicable:		P STA	
(Mailing address MAY BE A POST OFFICE BOX)		10 A	
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		ter the name of the new	
New Registered Office Address:	Enter Florida street address		
	, Florida	1	
·	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** TAE DOO KIM 8638 Edge o Woods Ct MGR Orlando FI 32819 ☐ Remove ☐ Remove □ Add □ Remove □ Add ☐ Add \_□ Remove

Page 3 of 3

Filing Fee: \$25.00