

L15000017885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

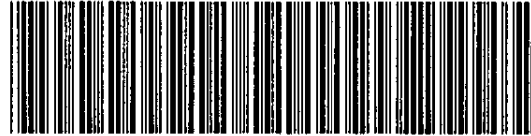
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

called - trying to change
owners - sending amend.

Office Use Only



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2015 SEP 18 A 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 21 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2015

VERONICA DOMINGO RYU
14420 N. DALE MABRY HWY
TAMPA, FL 33618

SUBJECT: RYU'S TAEKWONDO ACADEMY LLC
Ref. Number: L15000017885

We have received your document for RYU'S TAEKWONDO ACADEMY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

FILL OUT ENCLOSED AMENDMENT FORM, TO CHANGE OWNERS AND REGISTERED AGENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00018365

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ryu's Teakwondo Academy 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:

Jaymie M. Perez

Name of Person

Tawnee Enterprises LLC

Firm/Company

3433 Lithia Pinecrest Rd Suite 358

Address

Valrico, FL 33596

City/State and Zip Code

TawneeEnterprises@gmail.com

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

For further information concerning this matter, please call:

Jaymie M. Perez

813 767-7941
at ()

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

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

Ryu's Taekwondo Academy, 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 01/29/2015 and assigned
Florida document number ~~47-293334~~ L15000017885

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 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)

Tawnee Enterprises

3433 Lithia Pinecrest Rd Ste 358

Valrico, FL 33596

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:

New Registered Office Address:

Enter Florida street address

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 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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Choung Hwan Ryu	15205 Dale Mabry Hwy	<input type="checkbox"/> Add
		Tampa, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Veronica D. Ryu	15205 Dale Mabry Hwy	<input type="checkbox"/> Add
		Tampa, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tawnee Enterprises	3433 Lithia Pincrest Rd Ste 358	<input checked="" type="checkbox"/> Add
		Valrico, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jaymie M. Perez	3433 Lithia Pinecrest Rd Ste 358	<input checked="" type="checkbox"/> Add
		Valrico, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. 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.

If the 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

~~Signature of a member or authorized representative of a member~~

Scymie M. PEREZ
Typed or printed name of signer

Typed or printed name of signee

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Filing Fee: \$25.00

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