# h19000036454

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2022 APR 11 AB 6: 47
SECRETARY OF STATE
SECRETARY OF STATE

MAY 03 2022

### **COVER LETTER**

TO: Registration Division of C			•	<b>.</b>
Jupiter W	ing Chun Kung Fu, LLC			
SUBJECT.	Name of Lim	ited Liability Company		<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	James D Hindman			
		Name of Person		<del></del>
	Jupiter Wing Chun Kung F	u, LLC		
		Firm/Company		
	1829 Park Lane South #3	, i		
		Address		
	Jupiter, FL 33458			
	hgonzal@rmscorpusa.com	City/State and Zip Code		
		to be used for future annual re	port notification)	
For further information	concerning this matter, please co	all:		
Enrique Gonzalez		561 575	5611	
Name	of Person	Area Code	Daytime Telephone	e Number
Enclosed is a check for	the following amount:			
☐ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Division The Cent 2415 N. I	dress: ion Section of Corporation are of Tallahass Monroe Street, see, FL 32303	ee

## ARTICLES OF AMENDMENT | LED

#### TO

## ARTICLES OF ORGANIZATION OF | 2022 APR | 1 AM 6: 48

**OF** 

JupiterWing Chun Kung Fu, LLC

SECRETARY OF STATE TALLAHASSEE, FL

(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 Compar	ny were filed on 2/5/2019 and assigned
Florida document number L19000036454	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
Moy Yee Hop Ving Tsun Kung Fu, LLC	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
agent and/or the new registered office address here:	e address on our records, enter the name of the new register
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 Agen	nt:
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	is provided for in Chapter 605, F.S. Or, if this document is
Ĭf Cr	hanging 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Add
	-		□Remove
			□Change
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			□Remove
			□Change
		<del></del>	
			□Change

f amending any other infor	mation, enter ch	ange(s) here: (	Attach addition	al sheets, if neces	ssary.)
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ffective date, if other than to an effective date is listed, the date of ote: If the date inserted in this ocument's effective date on the	must be specific and c block does not me	annot be prior to de et the applicable	ate of filing or more	(option than 90 days after f equirements, this	ling.) Pursuant to 605.020
record specifies a delayed effect is filed.	tive date, but not a	n effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
April 7th	······································	2022	  -  -  -		
- Jon-	Llah		1.		
		ember or authorize	d representative of	a member	·
James D Hindman	Jumes		Ţ		

Filing Fee: \$25.00