

L19000177379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

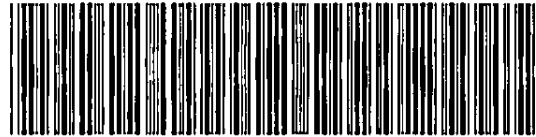
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 18 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

US
8/18/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2021

PETER CRUZ
155 SEBASTIAN BLVD
SEBASTIAN, FL 32958

SUBJECT: SEBASTIAN TAE KWON DO LLC
Ref. Number: L19000177379

We have received your document for SEBASTIAN TAE KWON DO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yvette Scott
Document Specialist II

Letter Number: 121A00017268

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEBASTIAN TAE KWON DO LIMITED LIABILITY COMPANY
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:

PETER CRUZ

Name of Person

SEBASTIAN TAE KWON DO LLC

Firm/Company

155 SEBASTIAN BLVD

Address

SEBASTIAN, FL 32958

City/State and Zip Code

COMMANDER PCRUZ P GMAIL

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

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

PETER CRUZ

Name of Person

at

786

Area Code

897-1409

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

SEBASTIAN TAE KWON DO 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 JULY 9, 2019 and assigned
Florida document number L19000177379

This amendment is submitted to amend the following:

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

SEBASTIAN TAE KWON DO LIMITED LIABILITY COMPANY

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)

155 SEBASTIAN BLVD
~~SEB~~ 201

SEBASTIAN, FLORIDA 32958

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

PETER CRUZ

New Registered Office Address:

201 DOCK AVE

Enter Florida street address

SEBASTIAN

Florida

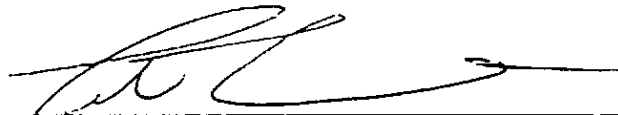
32958

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 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

Title	Name	Address	Type of Action
AMBR REGISTERED	JEWETT, JAKE	5515 AMBERSAID PL.	<input type="checkbox"/> Add
		ORLANDO, FLA, 32944	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARRETT, KEITH M	8625 95 TH CT.	<input type="checkbox"/> Add
		VERO BEACH, 32967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)*

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TALLAHASSEE, FL

F. Effective date, if other than the date of filing: AUG- 17, 2021 (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 AUG 17, 2021 2021

Signature of a member or authorized representative of a member

PETER CRUZ

Typed or printed name of signee

Filing Fee: \$25.00