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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRUPARY OF STATE

C. BRUMBLEY
JUL 1 3 2022

## **COVER LETTER**

Registration Section Division of Corporations

:QT

SUBJECT:	KEN ENTER	aprises 4	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Micron U	Name of Person	
	Ouen C	SUTERPRISE	s LLC
		Firm/Company	
	143 DR M	ARTIN WITHER	KING TR BLUG
		1 Cources	
	Be//e 51	ADE FL 334 City/State and Zip Code	130
	SENIORFRIENDL	YFITNESS A GMAIL TO be used for future annual report noti	com
	E-mail address:	to be used for future applial report noti	fication)
For further information co	oncerning this matter, please ca	all:	
147700	W OLEN	561 446-	3430
Name of	Person	at (SG/) 446- Area Code Daytim	e Telephone Number
			·
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	So0.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, f	L 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C	LEN ENTERPRISES LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited L			and assigned
Florida document number L19000271878	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>ere</u> :	
BULSAJO	TAEKWONDO LLC		
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the d	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applie			
(Principal office address MUST BE A STREE		-TE	7022
	<del></del>	ការស៊ី ក្រសួ	¥ 11
Enter new mailing address, if applicable:		ARASS	-3
(Mailing address MAY BE A POST OFFICE	BOX)	SEE, STA	<u>*</u> []
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office address on our ress here:	cords, enter the name of	<del></del>
Name of New Registered Agent:	JC tax So,	Volions Co	DRP
New Registered Office Address:	1100 N Mori Enter Florid	0 3 5017	1. 103
	JC Jax So, 1100 N Mori Enter Florid Belle Glace City	ال, Florida 3	13 230 .

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	, <u></u>		□Add
			□Remove
			□Change
			□Add
			Remove
			🗆 Change
			🗖 Add
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Effective date, if other than the date of filing:	-	<u> </u>			<del></del>	<u> </u>		
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Filing Fee: \$25.00