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2023 AUG 25 AM 8: 15 SECRETARY OF STATE TALLAHASSER, FI

COVER LETTER

TO: Registration So Division of Cor		Y	•	ı
, ТЕ	AM JK GOLF ACADEMY LL	.C		
CHIENTERS		ited Liability Company	<u>.</u>	
	Amendment and fee(s) are sub ondence concerning this matter	·		
	I. SUN WE. ESQ.			
		Name of Person		•
	I. SUN WE. P.A.			
		Firm/Company		
	2699 Lee Road, Suite 505	5		
		Address		
	Winter Park, FL 32789			2023 SE(
	isunwelaw@gmail.com	City/State and Zip Code		2023 AUS 25 SECRETAR? TALLANA
	E-mail address: (to be used for future annual report noti	fication)	· –
For further information of	oncerning this matter, please c	all:		- 25mg - 15mg
I. SUN WE		407 629-8828 at ()		AM 8: 15
Name c	f Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres	Section	Street Address: Registration Sec		
Division of C P.O. Box 632	•	Division of Cor The Centre of T		
Tallahassee.			e Street. Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM JK GOLF	ACADEMY LLC				
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)			
ne Articles of Organization for this Limited Liability Compa orida document number	any were filed on	07/05/2023	and assigned		
nis amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited li	iability company her	<u>'e</u> :			
ne new name must be distinguishable and contain the words "Limited Li	iability Company," the des	signation "LLC" or a	the abbreviation "L.L.C."	ı*	
nter new principal offices address, if applicable:			· 6-7-1	: 1	
rincipal office address MUST BE A STREET ADDRESS	<u> </u>			-142)	
			\$ 50 · ·	177	
nter new mailing address, if applicable:	1518 Clubhouse	Blvd.	¥		
Aailing address MAY BE A POST OFFICE BOX)	Davenport, FL 3	3837	FIE 5		
If amending the registered agent and/or registered officent and/or the new registered office address here:	ce address on our re	cords, enter the	name of the new reg	gisto	
Name of New Registered Agent:	<u>-</u>			—	
New Registered Office Address:	Enter Florie	la street address			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Florid:	a		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	KEN Y. KIM	1518 Clubhouse Blvd.	Add
		Davenport, FL 33837	□Remove
			Change
			□ Add
			□Remove
			2023 AUG SEORETI
			A 3 S C A C C C C C C C C C C C C C C C C C
			□Change
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Filing Fee: \$25.00