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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Aikido ASU Shindai Inc.  NAME OF CORPORATION:					
<del></del>					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for fi	ling,			
Please return all correspondence concerning the	nis matter to the foll	owing:			
Matthew Bartolomei					
	(Name of C	Contact Person)			
Shindai Aikikai of Central Florida Inc					
	(Firm/	Company)			
1940 Brengle Ave					
	(Ac	idress)			
Orlando FL 32808					
₩##	(City/ State	and Zip Code)			
		•			
- E-mail address: (to	be used for future a	nnual report notifi	cation)		
For further information concerning this matter	, please call;				
Matthew Bartolomei		407 at	399-0844		
(Name of Contac		(Area C	ode) (Daytime T	elephone Number)	
Enclosed is a check for the following amount	made payable to the	Florida Departme	nt of State:		
\$35 Filing Fee \$43.75 Filing Certificate of		Copy (al copy is (	\$52.50 Filing Fee Certificate of Statu Certified Copy Additional Copy i Enclosed)		
Mailing Address Amendment Section		Street Add: Amendment	ress Saction		
Division of Corporations		Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Aikido ASU Shindai Inc.				
(Name of Corporation as current	ly filed with the Florida	a Dept. of State)		
(Document Number	er of Corporation (if know	wn)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For F</i>	Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporation	on:			
Shindai Aikikai of Central Florida Inc.		The new		
name must be distinguishable and contain the word "corporate	ion" or "incorporated"			
"Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable:	NA	2016 SE		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		P 22		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 Nla	PH PH ST		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		ter the name of the		
Name of New Registered Agent:	Plit			
New Registered Office Address:	(Floria	da street address)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered a hereby accept the appointment as registered agent. I am fan		e obligations of the position.		
Sic	NA Onature of New Registere	ed Agent, if changing		

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		NIA	
Add			
Remove		•	
2) Change			
Add			,
Remove			
3)Change			
Add			
Remove			
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Add	<del>-                                    </del>		
Remove			
5) Change			
Add			
Remove			
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6) Change	<del></del>	-	
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). '(Be specific)					
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			,		
	***************************************				
·					<u> </u>

The	date of each amendment(s) adoption:	September	19,	1016	, if other than the
	this document was signed.				,
Effe	ective date <u>if applicable</u> :	Systemler	19,	2016	
	(n	no more than <b>(</b> 10 days after amend	ment file d	ate)	
	e: If the date inserted in this block does ument's effective date on the Department		filing requi	rements, this date	e will not be listed as the
Ado	option of Amendment(s)	CHECK ONE)			
	The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of	votes cast	for the amendme	nt(s)
	There are no members or members entit adopted by the board of directors.	lled to vote on the amendment(s).	The amen	dment(s) was/we	ere
	DatedSple	ember 19,2016			
	Signature	N			
	have not been selected	vice chairman of the board, preside ed, by an incorporator – if in the h d fiduciary by that fiduciary)			
		MATTHEW BARTOL			_
		(Typed or printed name of	person sigr	uing)	
		TREASURED—			
		(Title of person	signing)		