

L18000162081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

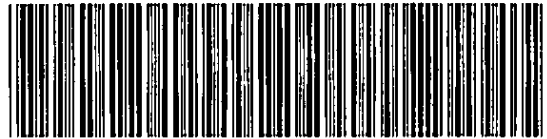
(Business Entity Name)

(Document Number)

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2021 JUN 12 AM 10:58

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Yoga Democracy of AZ, LLC
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:

Holly Cannon
Name of Person

Yoga Democracy
Firm/Company

P.O. Box 768
Address

Windermere FL 34786
City/State and Zip Code

holly@yogademocracy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Cannon at (407) 361-6992
Name of Person Area Code 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

Yoga Democracy of AZ, 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 7/3/18 and assigned Florida document number 118000162081.

This amendment is submitted to amend the following:

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

N/A Same as above

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)

7509 E. Cave Creek Rd
Unit #105
Carefree AZ 85377

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change
Same as prev.

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:

no change

New Registered Office Address:

same as previous

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Consilium B, LLC</u>	<u>3013 Seignevy Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Windermere FL 34786</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Voodoo Mayhem, LLC</u>	<u>6815 E. Camelback Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 3001</u>	
		<u>Scottsdale AZ 85251</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>H.E. Byfield LLC</u>	<u>6815 E Camelback Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 3001</u>	
		<u>Scottsdale AZ 85251</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>COD Investments of Ford Drive LLC</u>	<u>11205 Red Fox Run</u>	<input checked="" type="checkbox"/> Add
		<u>Fishers, IN. 46038</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Now total member managed
Company by owners
listed on prev. pg.

2021 JUL 12 AM 10:58

E. Effective date, if other than the date of filing: _____ (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 July 8, 2021

Holly Cannon
Signature of a member or authorized representative of a member

Holly Cannon
Typed or printed name of signee