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## **COVER LETTER**

Division of Corporations
SUBJECT: FTZYOGA LLC Name of Limited Liability Company
Name of Entitled Clabinty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHANNON J.FITZ.HAPRIS  Name of Person
FITZYOGA LLC Firm/Company
200 104 <sup>TI</sup> AVE #171 Address
TREASURE ISLAND FL. 33706  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHANNON J.FITZ HARRIS at (303) 656-6277  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

<u> </u>	A LLC	<u></u>		
(Name of the Islimited L (A F	iability Company Iorida Limited Lia	as it now appears on bility Company)	our records.)	
The Articles of Organization for this Limited Liabil	ity Company w	ere filed on $M$	Ay 10,2021	and assigned
Florida document number <u>L2100021</u>	8042		•	
This amendment is submitted to amend the followir	ng:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
N/A				
The new name must be distinguishable and contain the words	"Limited Liability	Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	<b>:</b>			
(Principal office address MUST BE A STREET A	DDRESS)	/	V/A	
Enter new mailing address, if applicable:			NIA	
(Mailing address MAY BE A <u>POST OFFICE BO</u> )	<u>v)</u>		7 - 7 2 1	
				***
B. If amending the registered agent and/or regis agent and/or the new registered office address he		dress on our reco	rds, <u>enter the name</u>	of the new register
Name of New Registered Agent:	AMBR	SHANNON	1.5.FITZHAR	eeis
New Registered Office Address:	200 10	54 TA AVE Enter Florida:	# 17] street address	
<u>-</u>	TREASURE	ISLAND City	, Florida	33706 Zip Code
Now Designand Agent's Signature if shanging Degi				

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>	Address	Type of Action
AMBR	SHANNON FITZHARRI	200 104 TAVE #171	[ <b>X</b> 2Add
		TREASURE ISLAND, FLI	□Remove
		33706	□Change
<del>- \</del>			□Add
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			□Change

Fective date, if other than the date of filing:  AAV  an effective date is listed, the date must be specific and cannot be prior to dote:  If the date inserted in this block does not meet the applicable occument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time is filed.	
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ecord specifies a delayed effective date, but not an effective time, is filed.	statutory filing requirements, this date will not be listed a
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is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ted MAY 24, 2021	r ;
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Signature of a member or authorize	Y,
Signate of a member of additions.	representative of a member