## L2200021594

(Re	equestor's Name)
(Àd	dress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE NOV 2 2 2022





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SECREDARY OF 2022 NOV 22 AM II: 16

## **COVER LETTER**

TO:

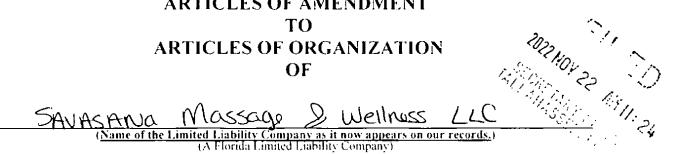
Tallahassee, FL 32314

TO: Registration Se Division of Co			<b>.</b>
subject: <u>SA</u> V	ASANA Mass	age 2 Wellne ited Hability Company	ess LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Autumn	Makaride Name of Person	
	SAVASANA	Massage & W	vellnoss LCC
	5601 NES	5 th PL Address	
	Ocala FL	34470 City/State and Zip Code  Karick @ amail. to be used for future annual report noti	
	<u> Autumme</u> E-mail address: (	Karick @ gmail. to be used for future annual report noti	(CV)
For further information of	concerning this matter, please ca		
Autumn N	lakarick of Person	at ( <u>35)</u> 581- Area Code Daytim	CO (4 le 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Forporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



(A Fiorida Limited L	naturity Company)
The Articles of Organization for this Limited Liability Company Florida document number $4000015964$ .	were filed on June 16 3033 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The Mindful Body LLC	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1100 SE SET AVE
(Principal office address MUST BE A STREET ADDRESS)	Unit C
	O(a)a FL 34480
Enter new mailing address, if applicable:	5601 NE ST Place
	ocala FL 34470
(Mailing address MAY BE A POST OFFICE BOX)	ULATA PC 51970
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
N. 10.00	
New Registered Office Address:	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and orovided for in Chapter 605, F.S. Or, if this document is

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
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			Change
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Effective da	ate, if other than th	ie date of fil	ing:			(optional	)
If an effective ( Note: If the	date is listed, the date mediate inserted in this leffective date on the	ust be specific block does no	and cannot be jot meet the ap	plicable statuto		90 days after filing	g.) Pursuant to 605,020
e record spec rd is filed.	cifies a delayed effect	ive date, but r	iot an effecti	ve time, at 12:0	La.m. on the c	earlier of: (b) T	he 90th day after the
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Dated1	192192		. 202	<del>)</del> 2 .			
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