# 15000177959

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K. SALY EXAMINER

APR 14 -

## **COVER LETTER**

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, SUBJECT:	•	ound Yoga And Personal Traini	ng With Amanda K LLC	
SUBJECT		Name of Limi	ited Liability Company	······································
The enclosed A	articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return al	ll correspoi	ndence concerning this matter	to the following:	
		Amanda Keovongsa		
			Name of Person	
			Firm/Company	
		1929 Arvis Cir E		
			Address	
		Clearwater, Florida 33764		
		keomomma@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For further info	ormation co	oncerning this matter, please ca	all:	
Amanda Keov	ongsa		727 359-1005 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	e following amount:		
□ \$25.00 Fili	ing 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

Kidding Around Yoga And Personal Training With Amanda K LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) October 20 2015 The Articles of Organization for this Limited Liability Company were filed on L15000177959 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **BAM YOGA LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1929 Arvis Cir E Enter new principal offices address, if applicable: Clearwater, Fl 33764 (Principal office address MUST BE A STREET ADDRESS) 1929 Arvis Cir E Enter new mailing address, if applicable: Clearwater, Fl 33764 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

#### 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

## or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		FILET.	
<u>Title</u>	<u>Name</u>	Address	2016 APR 11 AH 9: 14	Type of Action
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tive date, if other than the date of filing:  (optional)  (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.  (a) April 6, 2016  (b) April 6, 2016  (c) April 6, 2016  (c) Signature of a member or authorized representative of a member  Amanda Keovongsa	2016 APR 11 AM 9
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Filing Fee: \$25.00