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J. HARRIS

COVER LETTER

то:	Registration Se Division of Cor				
		sity Village LLC			
SUBJ	ECT:		ited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		Richard A Schaeffer			
			Name of Person		
		Pelican Bay Packaging &	Shipping		
Firm/Company					
		853 Vanderbilt Beach Rd			
Address					
		Naples, Fl 34108			
		pbship@comcast.net	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For fu	rther information c	oncerning this matter, please ca	all:		
Richard A Schaeffer			239 325-8533		
	Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclos	sed is a check for th	ne following amount:			
□ \$2	5.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) inited Liability Company)			•
The Articles of Organization for this Limited Liability Com L17000111746 Florida document number			_ and a	issigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Yoga Lab Estero LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbre	viation '	L.L.C."
Enter new principal offices address, if applicable:		D	281	
(Principal office address MUST BE A STREET ADDRES:	S)	<u> </u>	A:	11
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		25.4 25.4 2	- в-	2
Enter new mailing address, if applicable:) (Fe) (<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			_ <u>မ</u> _	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	<u>here</u> :	nter the	e name	e of the
	Enter Florida street address			
	Florid		Zip Code	
	CIII	- 4	$r_{AD} \subset O(0)$	

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
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			Change
			Remove
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			🗆 Add
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Filing Fee: \$25.00