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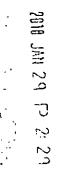
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D. SCOTT

COVER LETTER

TO:	Registration S Division of Co					
SUBJEC		Yoga Studio, LLC				
SUBJEX	∪1	Name of Lim	ited Liability Company			
		f Amendment and fee(s) are sub condence concerning this matter	·			
r lease re	rum an corresp	onderice concerning this matter	to the following.			
		Rafael Recalde, Esq				
		 	Name of Person		_	
		Recalde Law Firm, PA				
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		5.3				
			Address		<u> </u>	2018 .
	,					
		 	City/State and Zip Code			29 P
		rafaci@recaldeiaw.com			· -	U
		E-mail address: (to be used for future annual report noti	fication)	·	Ú;
For furth	her information	concerning this matter, please c	ali:			29
Rafael F	Recalde		305 773-3540			
	Name	of Person	at ()	e Telephone Numb	er	-
Enclose	d 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)	Certifie	rate of S ed Copy	Status &
		LING ADDRESS:	STREET/COURI Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Love Life Yoga Studio, 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 $\frac{05/05/2017}{1}$ and assigned Florida document number L17000100597 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wynwood Yoga Studio, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 584 NW 26th Street Enter new principal offices address, if applicable: Miami, FL 33127 (Principal office address MUST BE A STREET ADDRESS) 584 NW 26th Street Enter new mailing address, if applicable: Miami, FL 33127 (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 _, Florida _ Cuv

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		
MGR	Megan Guirlides	584 NW 26th Street, Miami FL 331			
			Remove		
			☐ Change		
AMBR	Maria Gabriela Quintana	584 NW 26th Street, Miami, FL 33			
			☐ Remove		
		<u> </u>	Change		
					
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Dated	Januar	7 25	··	201	<u>8</u> .						

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Typed or printed name of signee

Filing Fee: \$25.00