L040000 57461

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SECRETARY OF STATE
ALL AHASSEF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Fish Properties of NWFL, L.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Kristen Deason
Name of Person
Firm/Company
49 Poquito Road
Address
Shalimar, FL 32579
City/State and Zip Code
deasondmdpa@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Kristen Deason

....850.

863-3636

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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)

☐ \$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

(Name of the Limited Liab)	ility Company as it now appears on our records.) ida Limited Liability Company)	
(A Flori	ida Limited Liability Company)	
ne Articles of Organization for this Limited Liability orida document number <u>L0400057461</u>	Company were filed on August 3, 2004	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lir	mited liability company here:	
ttle Yogis, LLC		
e new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	DRESS)	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ton your mailing address if applicables		
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Initing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or reggistered agent and/or the new registered office ad Name of New Registered Agent:	ldress here:	14 SEP SECRETA
Initing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or reggistered agent and/or the new registered office ad Name of New Registered Agent:	ldress here: Enter Florida street address	14 SEP 2 SECRETARY TALLAHASSET

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Manager AMBR = Authorized Member				
<u>tle</u>	<u>Name</u>	Address	Type of Action	
	***	<u></u>	□ Add	
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Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt on filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 9/10/14
T. tand
Signature of a member or authorized representative of a member
J. Kristen Deason

Page 3 of 3

Filing Fee: \$25.00

SECREDARY OF STATE