

LEED00095718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

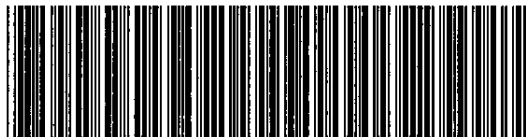
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200082388992

12/11/06--01040--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 11 PM 3:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANALA YOGA CENTER
(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:

ALLY FORD
(Name of Person)
ANALA YOGA CENTER
(Firm/Company)
12 EVONAIR CIR.
(Address)
Belleair, FL 33756
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 11 PM 3:29

For further information concerning this matter, please call:

ALLY FORD at 415 730-8005
(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**

ANALA YOGA CENTER

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9-21-05 and assigned
document number 605000095718.

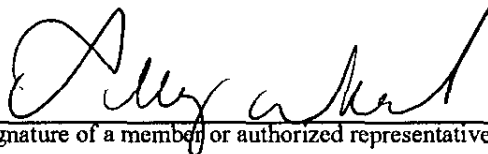
SECOND: This amendment is submitted to amend the following:

Remove Karin Kern from LLC. She is
no longer part of the business.
She was listed as manager.

06 DEC 11 PM 3:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated 11-11, 2006.



Signature of a member or authorized representative of a member

Ally Neal

Typed or printed name of signee

Filing Fee: \$25.00