L00000012505



(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
_		
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
·		
Certified Copies	Certificates	of Status
Special Instructions to I	iling Officer	linhe
	U	10 120
	_	
	<u> </u>	mend.

Office Use Only



600076408106

06/26/06--01014--004 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ananda Center for Yoga & Massage LL (Name of Limited Liability Company)
(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:
PAMONA CASH (Name of Person)
Aranda Center for Yoga & Massage LLC (Firm/Company)
13348 Harbor Share Ln (Address)
Winter Gardon, FL. 34787 (City/State and Zip Code)
For further information concerning this matter, please call:
Ramona CASH at (407) 242-7180 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. . 8

Ananda Center For Yoga & Massage LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on February 03,200 and assigned document number LO60001 a505.
SECOND:	This amendment is submitted to amend the following:
	The Street Address: Article II
	1218 Withter Garden Vineland Rd.
	Suite 124
	Winter Garden, FL. 34787
•	The Mailing Address:
	P.D. Box 770502
	Winter Garden, FL 34777
Dated <u>M</u>	ay 22, 2006.
	Signature of a member or authorized representative of a member
	RAMONA CASH Typed or printed name of signee

Filing Fee: \$25.00

