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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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IN LANGUES FLORIDA

S. WARREN HOV 1 5 2017

## **COVER LETTER**

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	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMES MOC	NEY Name of Person	
	ARETE GLO	BAL HOLDINGS LLC	
	11125 GULF	SHORE DR 704 Address	
	NAPLES, FL	City/State and Zip Code	
	JPMOONE \ E-mail address: (	(1@ICLOUD.COM to be used for future annual report notif	ication)
or further information c	oncerning this matter, please ca	all:	
JAMES MOC Name o	ONEY f Person	at ( 239 ) 877-7 Area Code Daytime	7557 Telephone Number
closed is a check for the	ne 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** 

TO:

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 I (A l	Liability Company as it Florida Limited Liability	now appears on our r Company)	ecords,)			
The Articles of Organization for this Limited Liabi Florida document numberL06000107827		iled on11/06/	2006	<del></del>	and as	signed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability co	mpany here:				
FLOYO NAPLES LLC						
The new name must be distinguishable and contain the words	s "Limited Liability Corr	pany," the designation	"LLC" or the	abbrevia	ation "I	L. <b>C.</b> "
Enter new principal offices address, if applicable	e:			1.5 /s.	====	·
(Principal office address MUST BE A STREET A	(DDRESS)	<del></del> .		<u>:::</u> ::	<u></u>	
						7!
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Enter new mailing address, if applicable:				.11.5.1 <del></del>	——————————————————————————————————————	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>				Çij.	
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our re	cords, <u>ente</u>	r the	name	of the nev
Name of New Registered Agent:	FLOYO HOLE	DINGS LLC				
New Registered Office Address:	11125 GULF :	SHORE DR 70	)4			
- · · · · · · · · · · · · · · · · · · ·	-	Enter Florida street a	uddress			
<u>-</u>	NAPLES		Florida _		<u> 108</u>	
	Cu	ny.		Zi	p Code	

#### New Registered Agent's Signature, if changing Registered Agent:

BALA VINYASA YOGA LLC

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

Title	<u>Name</u>	Address	Type of Action
_MGRM	KIERSTEN MOONEY	6200 TRAIL BLVD N	
		NAPLES, FL 34108	<b>⊠</b> Remove
			Change
AR	JAMES MOONEY	6200 TRAIL BLVD N	<b>⊠</b> Add
		NAPLES, FL 34108	🗆 Remove
			□ Change
AMBR	FLOYO HOLDINGS LLC	6200 TRAIL BLVD N	<b>⊠</b> Add
		NAPLES, FL 34108	□ Remove
			Change
AR	MARY TODD	6200 TRAIL BLVD N	<b>⊠</b> Add
		NAPLES, FL 34108	Remove
			Change
_AR	DANIELLE SMITH	6200 TRAIL BLVD N	<b>⊠</b> Add
		NAPLES, FL 34108	☐ Remove
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ote: 1	If the date inserted in this block d	oes not meet the applicable statutory filing requiren	nents, this date will not be listed
ocume	ent's effective date on the Departr	ment of State's records.	
	ord specifies a delayed effe 90th day after the record i	ective date, but not an effective time, at	12:01 a.m. on the earlier
	John day after the record i	3 med.	
ated _	NOVEMBER 8	2017 .	
aivu _	1,07EMBER 0		<b>2 7</b>
	$\sim$	70	NO NO.
	Sign	ture of a member or authorized representative of a memb	er 💢 🗕 🚨
	_		SAN CONTRACTOR
		JAMES P MOONEY  Typed or printed name of signee	
		Typed of printed name of signee	97. 7
			<u> </u>

Page 3 of 3

Filing Fee: \$25.00

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in effe ote: I ocume reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.  NOVEMBER 8  2017  Signature of a member or authorized representative of a member
in effe ote:   ocume	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.  NOVEMBER 8  2017

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Filing Fee: \$25.00