

206000107827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

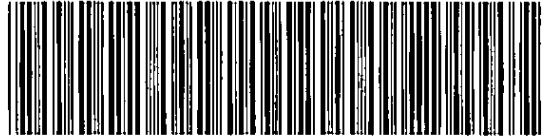
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

DEC 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2018

KONSTANTINE KOMNIKOS
6161 SPANISH OAKS LANE
NAPLES, FL 34119

SUBJECT: FLOYO NAPLES LLC
Ref. Number: L06000107827

We have received your document for FLOYO NAPLES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 718A00024134

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLOYD NAPLES 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 11/6/2006 and assigned Florida document number 206000107827.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

YOGA HOUSE LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: (NO CHANGE) 6200 TRAIL BLVD N
(Principal office address MUST BE A STREET ADDRESS) NAPLES FL 34108

Enter new mailing address, if applicable: 6161 SPANISH OAKS LANE
(Mailing address MAY BE A POST OFFICE BOX) NAPLES, FL 34119

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:

KONSTANTINE KOMMINOS

New Registered Office Address:

6161 SPANISH OAKS LANE

Enter Florida street address

NAPLES

City

Florida

Zip Code

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> | <u>Address</u> | <u>Type of Action</u> |
|------------------|----------------------|------------------------|--|
| REGISTERED AGENT | FLOYD HOLDINGS LLC | 6200 TRAIL BLVD N | <input type="checkbox"/> Add |
| | | NAPLES FL 34108 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| REGISTERED AGENT | KONSTANTINE KONNINOS | 6161 SPANISH OAKS LANE | <input checked="" type="checkbox"/> Add |
| | | NAPLES, FL 34114 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | JAMES MOONEY | 6200 TRAIL BLVD N | <input type="checkbox"/> Add |
| | | NAPLES FL 34108 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | FLOYD HOLDINGS LLC | 6200 TRAIL BLVD N | <input type="checkbox"/> Add |
| | | NAPLES FL 34108 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | KONSTANTINE KONNINOS | 6161 SPANISH OAKS LANE | <input checked="" type="checkbox"/> Add |
| MANAGING MEMBER | | NAPLES, FL 34109 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | MARY TODD | 6200 TRAIL BLVD N | <input type="checkbox"/> Add |
| | | NAPLES FL 34108 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|------------------------|--|
| AR | MERRILL KOMNINOS | 6161 SPANISH OAKS LANE | <input checked="" type="checkbox"/> Add |
| | | NAPLES FL 34119 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | DANIELLE SMITH | 5633 STRAND BLVD #311 | <input type="checkbox"/> Add |
| | | NAPLES FL 34110 | <input type="checkbox"/> Remove |
| | | ADDRESS | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 10/1/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 6, 2018

Signature of a member or authorized representative of a member

KONSTANTINE KOMNAROS
Typed or printed name of signer