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(City/State/Zip/Phone #)

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2014 AUG 18 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 19 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2014

JULIE SCHMIDT  
101 GAILLARDID LOOP  
ST. AUGUSTINE, FL 32080

SUBJECT: DEFIFIT LLC  
Ref. Number: L09000004563

We have received your document for DEFIFIT 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L11000025868.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 814A00016820

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **DEFIFIT LLC**

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:

**Julie Schmidt**

Name of Person

Firm/Company

**101 Gaillardia Loop**

Address

**Saint Augustine FL 32080**

City/State and Zip Code

*jules@bluefireyoga.com*

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Julie M Schmidt**

Name of Person

at **(386) 871-7137**

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)

*Already  
Sent*

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG 18 AM 9:37

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

DEFIFIT 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 1/31/2011 and assigned  
Florida document number L09000004563

2014 AUG 18 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

BlueFireYogaFlow LLC

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

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

101 Gaillardia Loop

Saint Augustine, FL 32080

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

101 Gaillardia Loop

Saint Augustine, FL 32080

**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:

Julie Schmidt

New Registered Office Address:

101 Gaillardia Loop

Enter Florida street address

Saint Augustine

, Florida 32080

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

12/25/14

Signature of a member or authorized representative of a member

Julie M Schmidt

Typed or printed name of signee

SECRETARY OF STATE  
FALL ANNUAL MEETING

2014 AUG 18 PM 9:37

FILED