109000055670

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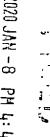


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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations	•			
CILID ID COD	A JOINT, LLC	. •			
SUBJECT:	Name of Lir	nited Liability Company			
The analoged by Live of	·				
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ERIC MASSON				
		Name of Person			
	YOGA JOINT HOLDING	GS, LLC			
		Firm/Company			
	13621 NW 12TH ST, SI	JITE 120			
		Address	·		
	SUNRISE, FLORIDA 33	3323			
		City/State and Zip Code			
	eric@dentalwhale.com				
		to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please o	all:			
Eric Masson		404 537-5211 e.	xt 8486		
Name of Person		Area Code Daytime	e Telephone Number		
Enclosed is a check for th	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 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:			
Registration S Division of C		Registration Section			
P.O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE YOGA JOINT 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 06/09/2009 and assigned Florida document number L09000055670 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

_, Florida __

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>	Name	Address	Type of Action
MGR	THE YOGA WHALE, LLC	13621NW 12TH ST, SUITE 120	□Add
		SUNRISE, FL 33323	■Remove
MGR	BERNIE ZARCO, LLC	6240 N BAY RD. MIAMI BEACH	□Add
		MIAMI BEACH, FL 33141	= Remove
			□Change
AMBR	PHC YOGA, LLC	2608 NE 21ST ST COURT	□Add
		FT LAUDERÐALE. FL 33305	≣Remove
		-	🗀 Change
MBR	YOGA JOINT HOLDINGS, LLC	13621 NW 12TH ST, SUITE 120	≣Add
		SUNRISE, FL 33323	□Remove
			□ Change
			🗆 Add
			□Remove
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			□Remove
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(If an eff <u>Note:</u>	ive date, if other t ective date is listed, the If the date inserted i ent's effective date	date must be spe in this block doe	of filing: cific and cannot be es not meet the a	pplicable statuto	ing or more than 9	(optional) 0 days after filing.) P ments, this date w	ursuant to 605.0207 (3)
ne recor ord is fil	d specifies a delayed led.	effective date.	but not an effect	ive time, at 12:0	l a.m. on the ea	rlier of: (b) The (90th day after the
Dated	JANUARY 3		2020	·			
							
	~ (>	Signati	ire of a member or	authorized repres	entative of a mem	her	

Filing Fee: \$25.00

Typed or printed name of signee