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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

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EXAMINER

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SECRETARY OF STATE
AND A HASSEE FLORIDA

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Yoga at	Lothlorien LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	r to the following:			
	Marijo Jamie Brown				
		Name of Person			
		Firm/Company			
		5704 Arnold Road			
	n	Address	4		
	P	anama City, FL 3240 City/State and Zip Code	4		
a **	jam E-mail address: (nie@lothlorienyoga.co (to be used for future annual rep	m ort notification)		
For further information	concerning this matter, please	call:			
··· - · · · · · · · · · · · · · · · · ·	ijo Jamie Brown of Person	at (850) Area Code &	238-0566 Daytime Telephone Number		
Enclosed is a check for	the fellowing amounts				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divisi	LING ADDRESS: tration Section ion of Corporations 30x 6327	Registration	Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yoga at Lothlorien 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 and assigned
Florida document numberL09000097187
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Body Soul Bliss LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia L.L.C."
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)
Manning address MATT DE N 1 OST OTTICE BOX
3. If amending the registered agent and/or registered office address on our records, enter the name of the r
egistered agent and/or the new registered office address here:
ASS -
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Florida City
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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>itle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
 ated	,	·	

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Filing Fee: \$25.00