

L10000063072

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T. HAMPTON

AUG 10 2011

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GROUNDWORK YOGA  
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:

JODY REECE  
Name of Person

GROUNDWORK YOGA, LLC  
Firm/Company

254 West Central Avenue  
Address

Winter Haven, FL 33880  
City/State and Zip Code

groundworkyoga@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jody Reece at 803, 224-2311  
Name of Person 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)

### 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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Groundwork Yoga, LLC

11 AUG -8 PM 1:58

(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 6/14/2010 and assigned  
Florida document number L100000063072

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 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)

2030 Kings Crossing SW  
Winter Haven, FL  
33880

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2030 Kings Crossing SW  
Winter Haven FL  
33880

**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:

Jody Reece (sole owner)

New Registered Office Address:

254 W. Central Avenue  
Enter Florida street address  
Winter Haven, Florida 33880  
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 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.*

Jody Reece  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
Mgr	Elena Chance	648 Avenue I NW Winter Haven, FL 33880 or PO Box 10736 Winter Haven, FL 33880	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Jody Reece	2030 Kings Crossing SW Winter Haven, FL 33880	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

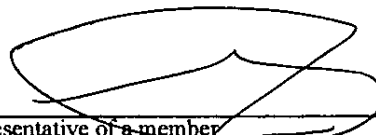
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated \_\_\_\_\_, \_\_\_\_\_

  
Jody Reece

Signature of a member or authorized representative of a member

Typed or printed name of signee



Elena R. Chance