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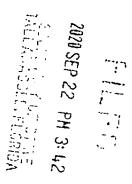
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## COVER LETTER

TO:	Registration So Division of Co				
cup ir	Shri Life Y	oga, LLC			
SUBJEC	-I: <u> </u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Sara L. Eavenson			
			Name of Person		
			Firm/Company		2020
		232 Cove Place			2020 SEP 22
			Address		
		Jupiter Inlet Colony, Florid	da 33469		PH 3:1
		sara.eavenson@icloud.com  E-mail address: (	City/State and Zip Code to be used for future annual report notif	(cation)	3: 42
For furth	er information c	concerning this matter, please c	all:		
Sara L. I	Eavenson		561 626-10211 at ( )		
	Name o	f Person		Telephone Number	
Enclosed	I is a check for t	he following amount:			
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 81	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shri Life Yoga, LLC				
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	corus.)		
The Articles of Organization for this Limited Liability C	Company were filed on 10/12/2010		and as	ssigned
Florida document number L10000106663				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
Sara Eavenson, LLC				
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "	LLC" or the abb	reviation "	L.L.C."
Enter new principal offices address, if applicable:			<del>.</del>	
Principal office address MUST BE A STREET ADDI	RESS)			
		,	920	
			SEP	
Inter new mailing address, if applicable:			22	
Mailing address MAY BE A POST OFFICE BOX)			-5	•
, and the same of		F1:	<u> </u>	
	<del> </del>	<u> </u>	- <del>1</del> -2	
3. If amending the registered agent and/or registere	d office address on our records, <u>en</u>	ter the name	• -	ew regist
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ad	dress		
		Florida		
	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 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

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			□Remove
			□Change
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fective date, if other than the n effective date is listed, the date must be attended in this blument's effective date on the December 2.	ock does not meet the app	olicable statutory	g or more than 90 days r filing requirements	optional) after filing. . this date	) Pursuan will not	t to 605.02 be listed a
ecord specifies a delayed effectiv is filed.	e date, but not an effectiv	e time, at 12:01	a.m. on the earlier o	f: (b) Th	e 90th di	ay after th
ted September 18	, 2020	·				
S/MI.	l					
	Signature of a member or a	uthorized represen	tative of a member	•		