

L10000106854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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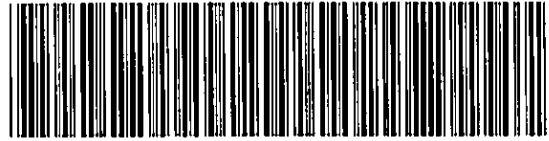
(Business Entity Name)

(Document Number)

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2018 OCT 25 PM 5: 58  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

July - 6

S. PRATHEE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Yoga Teacher Training of Central Florida -  
Hatha Yoga School, 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:

Joan Giconi Mullens  
Yoga Teacher Training of Central Florida -  
Hatha Yoga School, LLC  
Firm/Company

7684 S.E. Bay Cedar Circle

Address

Hobe Sound, FL 33455

City/State and Zip Code

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

For further information concerning this matter, please call:

Joan Giconi Mullens at 407 493-1775  
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  
Yoga Teacher Training of Central Florida -  
Hatha Yoga School, 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 Oct. 12, 2010 and assigned  
Florida document number L10000106854

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1617 Hillcrest Street  
Orlando, FL  
32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1617 Hillcrest Street  
Orlando, FL  
32803

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:

Gabriela Duke  
Joanna T. Vass

New Registered Office Address:

1617 Hillcrest Street

Enter Florida street address

Orlando

City

Florida 32803

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.

Gabriela Duke

If Changing Registered Agent, Signature of New Registered Agent

Signature

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Gabriela Duke</u>	<u>1617 Hillcrest Street</u> <u>Orlando, FL 32803</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Joanna T. Vass</u>	<u>1617 Hillcrest Street</u> <u>Orlando, FL 32803</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Joan Giconi Mullens</u>	<u>3567 Scout Oak Loop</u> <u>Oviedo, FL 32765</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1 October 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FL

SECRET