

L11000058840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

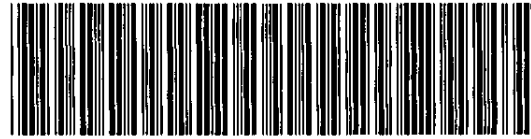
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT -5 PM 3:22
WILLIAMSBURG, VIRGINIA

B. BOSTICK
OCT - 8 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: City Yoga, 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:

Allyson Sunderman
Name of Person
City Yoga, LLC
Firm/Company
141 Marsh Island Cir
Address
St. Augustine, Fl 32095
City/State and Zip Code
amsdpt@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allyson Sunderman at (904) 438-8384
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

12 OCT -5 PM 3:03
RECEIVED

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

City Yoga, 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 5/17/2011 and assigned Florida document number L11000058840.

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)

2225 A1A South Suite B8

St. Augustine, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2225 A1A South Suite B8

St. Augustine, FL 32080

12 OCT - 5 PM 5:23

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:

Jacob Sunderman

New Registered Office Address:

141 Marsh Island Cir

Enter Florida street address

St. Augustine

, Florida

32095

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.


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:

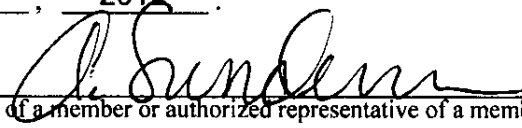
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Allyson Sunderman	141 Marsh Island Cir St. Augustine, FL 32095	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jacob Sunderman	141 Marsh Island Cir St. Augustine, FL 32095	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Janet Vita	173 Spartina Ave St. Augustine, FL 32080	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dominick Vita	173 Spartina Ave St. Augustine, FL 32080	<input type="checkbox"/> Add <input checked="" 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.)*

12 OCT -5 PM 3: 23

Dated September 11, 2012



 Signature of a member or authorized representative of a member

Allyson Sunderman

 Typed or printed name of signee