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S. WARREN NOV 1 5 2017

COVER LETTER

TO: Registration Section Division of Corpor			- *	. <u>.</u>
SUBJECT: BALA V	<u>/INYASA YOGA C</u>		LC	
	Name of Limi	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	JAMES MOO	NEY Name of Person		
		name of Person		
	ARETE GLO	BAL HOLDINGS	LLC	
		Firm/Company		
	11125 GULF	SHORE DR 704		
		Address	•••	
	NAPLES, FL	34108		
		City/State and Zip Code	· · · ·	
_	JPMOONEY	1@ICLOUD.CO	M	· ·
			сроп пописаног	1)
For further information conce	erning this matter, please ca	ш;		
JAMES MOONI	ĒΥ	at (239)	877-755	7
Name of Per	rson	Area Code	Daytime Telep	phone Number
Enclosed is a check for the fo	ollowing amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is encl		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING Registratio	GADDRESS: n Section		COURIER A	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

BALA VINYASA YOC	SA CORAL GA	BLES LLC	<u> </u>	
(<u>Name of the Limited</u>	d Linbility Company as A Florida Limited Liabil	it now appears on our records, ity Company)		
The Articles of Organization for this Limited Lia	bility Company wer	e filed on <u>08/17/2011</u>	and assign	ed
Florida document numberL110000945	04			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of the	the limited liability	company here:		
FLOYO CORAL GABLES LLC			 ,	
The new name must be distinguishable and contain the wor	rds "Limited Liability C	ompany," the designation "LLC" of	(T	
Enter new principal offices address, if applical	ble:	······································		
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>		884 - E	
	_		ा क्र	
			- FS	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	.		
	_			
B. If amending the registered agent and/o registered agent and/or the new registered offi		address on our records,	enter the name of	the n
Name of New Registered Agent:	FLOYO HO	LDINGS LLC		
New Registered Office Address:	11125 GULF	SHORE DR 704		

New Registered Agent's Signature, if changing Registered Agent:

Τ

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.

City

Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	Type of Action
_MGRM	KIERSTEN MOONEY	6200 TRAIL BLVD N	Add
•		NAPLES, FL 34108	⊠ Remove
			Change
_AR	JAMES MOONEY	6200 TRAIL BLVD N	 Add
		NAPLES, FL 34108	□ Remove
			Change
AMBR	FLOYO HOLDINGS LLC	6200 TRAIL BLVD N	_ Add
		NAPLES, FL 34108	□ Remove
			Change
AR	MARY TODD	6200 TRAIL BLVD N	⊠ Add
		NAPLES, FL 34108	□ Remove
			Change
_AR	DANIELLE SMITH	6200 TRAIL BLVD N	⊠ Add
		NAPLES, FL 34108	Remove
			□ Change
			<u> </u>
			Remove
			Change
	Page 2 c	of 3	l: 55

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	11/01/201	7		
	te of filing: 11/01/201 specific and cannot be prior to date	of filing or more than 90 d	_ (optional) avs after filing) Purs	uant to 605 03
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Filing Fee: \$25.00