## L12000023658

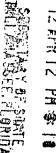
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## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJECT: Yoga Center			of Key Biscayne, LL	С	
	4		ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Moll	y Anne Asebey-Birkhol	m	
			Name of Person		
		<u></u> ,	Firm/Company		
		971	Crandon Blvd., Suite 9	11	<u></u>
			Address		
		Ke	ey Biscayne, FL 33149 City/State and Zip Code		<del></del>
		E-mail address: (	ollybirkholm@me.com to be used for future annual repor	t potitication)	<u> </u>
For fur	ther information o	concerning this matter, please of	•	. Iwilliamony	
	<b>-</b>	Asebey-Birkholm	at ( <u>305</u> )	613-9105	
	Name o	of Person	Area Code & D	aytime Telephone N	umber
Enclose	ed is a check for t	he following amount:			
<b>□\$2</b> 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Cer closed) Cer	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
		ING ADDRESS:	STREET/CO	OURIER ADDRE	SS:

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

TO:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yoga Center of Key	Biscayne, L	LC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	_	
	• • • • •			
The Articles of Organization for this Limited Liability Company w	ere filed on	02/17/2012	and ass	igned
Florida document numberL12000023658				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company here	:		
The new name must be distinguishable and end with the words "Limited	I Liabilias Common	" the decise tion (	SI I C" on the o	hhan istica
"L.L.C."	и славину сотран	y, the designation	LLC or the a	obreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				<del></del>
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)				
			<del></del>	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on ou	ır records, <u>enter</u>	the name of	the new
			दार्थ	
Name of New Registered Agent:			理論 フ	
	· · · · · · · · · · · · · · · · · · ·		3	10.12
New Registered Office Address:	Futo	r Florida street ad	Jeses N	Altotan
	Line	r Pioriaa sireei aa	mess To	4 17 VIII
	a:	, Florida	Zip & ode	4 54
	City <sup>,</sup>	: :	ZIP Gode	Water Street
New Registered Agent's Signature, if changing Registered Agent:		à		

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.

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 MGRM Molly A Asebey-Birkholm 911 Crandon Blvd, Suite 611 ☐ Add Key Biscayne, FL 33149 **√** Remove Ana Maria Velazquez MGRM 911 Crandon Blvd, Suite 611 ☐ Add Key Biscayne, FL 33149 ✓ Remove MGRM Molly A Asebey-Birkholm 971 Crandon Blvd, Suite 911 √ Add Key Biscayne, FL 33149 ☐ Remove Ana Maria Velazquez MGRM 971 Crandon Blvd., Suite 911 Key Biscavne, FL 33149 Miriam Mengotti MGRM 971 Crandon Blvd. Suite 911 √ Add Key Biscayne, FL 33149 Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_ Signature of a pember or authorized representative of a member Molly A Asebey-Birkholm

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee