12000033658

(Re	equestor's Name)	
(Ad	ldress)	
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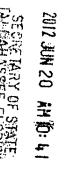


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T. CLINE
JUNE 2012

EXAMINER



COVER LETTER

Division of Co	orporations				
SUBJECT:	Yoga Center o	of Key Biscayne, LLC			
		ited Liability Company			
The anclosed Articles o	f Amendment and fee(s) are sul	hmitted for filing			
Please return all corresp	ondence concerning this matter	r to the following:	•		
	Moli	y Anne_Asebey-Birkholm			
		Name of Person			
•		Firm/Company			
	. 074				
	971 Crandon Blvd., Suite 911 Address				
		Address			
	Ke	ey Biscayne, FL 33149			
	City/State and Zip Code				
	mollybirkholm@me.com				
	E-mail address: (to be used for future annual report notifica	tion)		
For further information	concerning this matter, please of	call:	,		
	Asebey-Birkholm	at \	13-9105		
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:

TO:

Registration Section

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

2012 JUN 20 AM 10: 41

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yoga Center of Ko (Name of the Limited Liability Compa (A Florida Limited I	ey Biscayne, LLC Inv as it now appears on our records. Liability Company)	,)
The Articles of Organization for this Limited Liability Company Florida document numberL12000023658	/ were filed on02/17/2012	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	971 Crandon Blvd.	760 78
(Principal office address MUST BE A STREET ADDRESS)	Suite 911	
	Key Biscayne, FL 33149	Z Z
Enter new mailing address, if applicable:	971 Crandon Blvd.	SSEE OF AM
(Mailing address MAY BE A POST OFFICE BOX)	Suite 911	
	Key Biscayne, FL 33149	SPH A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street	address
	, Florida , Florida	Zip Code
	City	zip Coue

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.

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>	Address	Type of Action
MGRM	Molly A Asebey-Birkholm	911 Crandon Blvd, Suite 611	Add ✓ Remove
		Key Biscayne, FL 33149	V Remove
<u>MGRM</u>	Ana Maria Velazquez	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
MGRM	Ana Maria Velazquez	971 Crandon Blvd., Suite 911	✓ Add
		Key Biscayne, FL 33149	Remove
MGRM	Miriam Mengotti	971 Crandon Blvd., Suite 911	/Add
		Key Biscayne, FL 33149	Remove
			Add
			Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	7012 JU
		·	JUN 20
			n 🕰
_			₩ %
Dated	March 12 2	012	·
	Wellon a aselve	us- Brkhel	
	Signature of a member	or authorized representative of a member	
		y A Asebey-Birkholm d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00