

L13000018550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

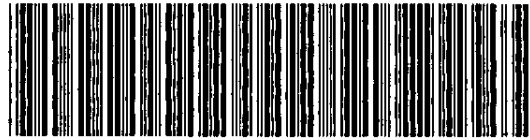
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FILED
2013 JUN 28 AM 8:30
STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUL -1 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURE 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:

SARAH MICKALSEN
Name of Person
PURE YOGA LLC
Firm/Company
10081 SW DOLCE RD
Address
PORT ST LUCIE, FL 34986
City/State and Zip Code
SMICKALSEN @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH MICKALSEN at (339) 298-1067
Name of Person Area Code & Daytime Telephone Number

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CLERK OF STATE
TALLAHASSEE, FL 32301

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**

(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 FEBRUARY 1, 2013 and assigned Florida document number L13000018550

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ABSOLUTE YOGA LLC.

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)

NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGE

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2013 JUN 28 AM 8:30
CLERK OF CIRCUIT COURT
FLORIDA
TALLAHASSEE

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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

_____, Florida

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.

If 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

NO CHANGES

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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2011 JUN 28 AM 8:30
OFFICE OF STATE
ATTORNEY GENERAL
COLUMBIA, OHIO 43084

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NO CHANGE

Dated

6.20.13

Signature of a member or authorized representative of a member

SARAH MICKALSEN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00