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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAR 06 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

NOW & ZEN YOGA & PILATES STUDIO, LLC

SUBJECT: _____
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:

ELORAH DAVIS

Name of Person

NOW & ZEN YOGA & PILATES STUDIO, LLC

Firm/Company

608 W. 16TH STREET

Address

SAINT AUGUSTINE, FL 32080

City/State and Zip Code

ELORAHEDEN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELORAH DAVIS

904 651-4071

at (_____) _____

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

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

NOW & ZEN YOGA & PILATES STUDIO, 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 SEPTEMBER 27, 2013 and assigned
Florida document number L13000137266.

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 contain 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)

224 SAN MARCO AVENUE

SAINT AUGUSTINE, FL

32084

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

608 WEST 16TH STREET

SAINT AUGUSTINE, FL

32080

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:

ELORAH DAVIS

New Registered Office Address:

224 SAN MARCO AVENUE

Enter Florida street address

SAINT AUGUSTINE

City

Florida 32084

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 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.



If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	TANYA WELTZIEN	26 CORUNNA ST.	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL. 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HEATHER BARTON	22 BAY VIEW DR.	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL. 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELORAH DAVIS	608 WEST 16TH ST.	<input checked="" type="checkbox"/> Add
		SAINT AUGUSTINE, FL. 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized agent

Elorah Davis

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SECRETARY OF STATE
TAMMESAEE, FLORIDA

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