

L14000000306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200255630632

01/17/14--01017--003 **25.00

FILED

2014 JAN 17 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: Work Your 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:

Jessica Avila
Name of Person

Work Your Yoga LLC
Firm/Company

16850 Collins Ave Ste 112-170
Address

Sunny Isles Bch, FL 33160
City/State and Zip Code

Jessica @workyouryoga.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Avila at (954) 254-3556
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**

Work Your Yoga 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 1-2-14 and assigned Florida document number 61400000306

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2014 JAN 17 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Ellie Kallish

New Registered Office Address:

251 174th Street Apt 2306

Enter Florida street address

Sunny Isles Bch

City

Florida

33166

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.

Ellie Kallish

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

STATE OF FLORIDA
SECRETARY OF
TALLAHASSEE, FLORIDA

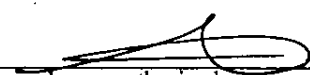
FILED
2014 JAN 7 PM 12:25
Add
Remove
Add
Remove
Add
Remove

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

REMOVE Ella Kallish, Inc as AR

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 16, 2014.


Signature of a member or authorized representative of a member

Jessica Avila
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN 17 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA