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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED 1 JAN 17 PHI2: 25

JAN 2 1 2013 T. HAMPTON

COVER LETTER

| TO: Registration Secti Division of Corpo | | • | | |
|---|---|--|--------------------------------------|----------------|
| SUBJECT: | Name of Limite | OGA LLC ed Liability Company | | |
| The enclosed Articles of An | nendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspond | ence concerning this matter t | to the following: | | |
| | <u> </u> | Name of Person | | |
| | Work Y | Your Yoga LC (Firm/Company | <u> </u> | - |
| | 16850 | Collins Ave S | Ste 112-170 | |
| | | Isles Bch, FC City/State and Zip Code | | - |
| | E-mail address: (t | 55 ica @cockyo o be used for future annual repo | GUT YOS 2. COM | f |
| For further information con- | cerning this matter, please ca | ll: | | |
| Oessica A Name of Po | n\a erson | at (954) 2 Area Code I | 254-3555 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 end | closed) Certified | te of Status & |

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 | Work Yo | our Yos | 2 440 | | | | |
|---|---|--|--|------------------------|-----------------|-------------|--------------|
| 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the name of the name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: 2517445 Shoet 3366 Enter Florida street address | (Name of the Limited L (A F | iability Company Iorida Limited Lia | y <mark>as it now appe</mark> ar ability Company) | s on our records.) | | | |
| 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Part Part | | | ere filed on | 1-2-14 | aı | nd assig | gned |
| 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 "LLC". 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the nergistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2511744 Street AA 2306 Enter Florida street address | Florida document number <u>L (90000</u> | <u>2206</u> | | | | | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviating "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 25117445 Street Apt 2306 Enter Florida street address | This amendment is submitted to amend the follow | ing: | | | | | |
| 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 251 1744 Shapt 2306 Enter Florida street address | A. If amending name, enter the new name of the | <u>ie limited liabili</u> | ty company here | : | | | |
| (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the naregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 25117445 Street address Enter Florida street address | The new name must be distinguishable and end with "L.L.C." | the words "Limite | ed Liability Compa | ny," the designatio | n "LLC" | or the a | abbreviation |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the nor registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: S | Enter new principal offices address, if applicab | le: | | | t | 2 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the nor registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: S | (Principal office address MUST BE A STREET. | ADDRESS) | | | YLL) | 7 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the nor registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: S | | , | . | | | | i i |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 251174455466 Apt 2306 Enter Florida street address | | | | | SS | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Callish | Enter new mailing address, if applicable: | | | | | <u> </u> | 111 |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2511744554 Enter Florida street address | (Mailing address MAY BE A POST OFFICE BO | <u>)X)</u> | | | <u>54</u> | | |
| Name of New Registered Agent: New Registered Office Address: New Registered Office Address: 251 74th Street Apt 2306 Enter Florida street address | | | | | 3 | 25 | |
| New Registered Office Address: 251174th Street Apt 2306 Enter Florida street address | B. If amending the registered agent and/or registered agent and/or the new registered offic | registered office address here: | ce address on o | ur records, <u>ent</u> | er the n | ame o | f the new |
| New Registered Office Address: 251174th Street & Apt 2306 Enter Florida street address | Name of New Registered Agent: | Ella | Kallish | | | . <u></u> | |
| | New Registered Office Address: | 2511 | 74th St Ente | er Florida street a | + 23 uddress | <u> </u> | |
| SUNNY Isles Bch Florida 33/60 | | SUNNY | Isles Bch | Florida | 33 |)6G | |
| Sunny Isles Bch, Florida 33/6G City Zip Code | | / | City | , | Zip | Code | |
| New Registered Agent's Signature, if changing Registered Agent: | New Registered Agent's Signature, if changing Reg | istered 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Address **Type of Action** Name Jessica Avila AMBR 16850 Callins Ave Sk 112-170 Remove Sunny Isles Bch, FC 33160 16850 Collins Aug AMBR Ella Kallish Ste 112.170 Sunny Isles Bch, FC33160 Remove ₹Émove Π Remove Remove

| D. 'If amo | ending any other inforn | nation, enter | change(s) here. (2 | inach addinor | iai sileele, ij ileeessa. y.) | |
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| E. Effect (If an effe | tive date, if other than the | he date of fil ate must be sp | ing: pecific and cannot b | e more than 90 | (optional) days after filing.) (605.02 | - 207 (3)(b) |
| | tive date, if other than the ctive date is listed, the date of これなら、 | | | e more than 90 | (optional) days after filing.) (605.02 | - 207 (3)(b) |
| | | | | e more than 90 | (optional) days after filing.) (605.02 | - 207 (3)(b) |
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| | Osnuary 10 | , | 2014 | d representative | | - 207 (3)(b) |

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Filing Fee: \$25.00

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