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SECRETARY OF STATE
SECRETARY OF STATE

THAMPION

COVER LETTER •

TO: Registration Section Division of Corporations
SUBJECT: Raja Hot 40 ga 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:
Amanda Le quo de Congres of Person
Raya HOT YOGA LLC
4413 Constitution Lane
Marianna, F. 32446. City/State and Zip Code
CMandaul Sin reaster annual coord notification) E-mail address: (to be used for future annual coord notification)
For further information concerning this matter, please call:
Awarda Register at (850) 693-5560 Area Code Daytime Telephone Number
"
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (additiona

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

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	Oi	•			
Name of the Limited	HOOO Liability Compan Florida Limited L	y as it now appears on cability Company)	CECSETA	-6 PM 12: 23 NRY OF STATE SSEE, FLORIDA	
The Articles of Organization for this Limited Liab Florida document number <u>U4000</u>	1070	vere filed on5/	12/14	and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).	Plus ds "Limited Liabilit ple:	LLC	BH	bbreviation "L.L.C." NY 71 32446	•
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	2X)				
WWW. ESS 1211 BE 711 GS1 OF FIELD BO	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address here: 286 Maria	Whidde B Hwy Enter Florida str	71	the name of the r	
		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 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 or removed	g Authorized Person(s) authorized to ma from our records:	anage, enter the title, name, and address of ea	ach person being added
	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the post day after the record is filed. Dated The specific of a member or authorized/representative of a member Amanda Register Typed or printed the of signee		٠,	1.		-		<u>. </u>	
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Filing Fee: \$25.00