

L140000077076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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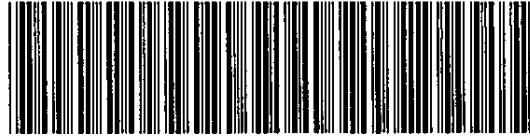
(Business Entity Name)

(Document Number)

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15 JUL -6 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL - 7 2015

W. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Raja Hot 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:

Amanda Register  
Name of Person

Raja Hot Yoga LLC  
Firm/Company

4413 Constitution Lane  
Address

Merianna, FL 32446  
City/State and Zip Code

amanda.wilsonregister@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Register at (850) 693-5560  
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

FILED

15 JUL -6 PM 12:23

Raja Hot Yoga LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/12/14 and assigned  
Florida document number 44000077070

This amendment is submitted to amend the following:

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

Community Yoga Plus LLC  
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)

2816-B Hwy 71  
Marianna, FL 32446

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Estelle Whiddon

New Registered Office Address:

2816-B Hwy 71

Enter Florida Street address

Marianna

City

Florida

32446

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.

Estelle Whiddon

If Changing Registered Agent, Signature of New Registered Agent



[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 1, 2015

Signature of a member or authorized representative of a member

Amanda Register  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA