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AUG 1 4 2020 S. YOUNG

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	Institute, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Donald Harrison		
		Name of Person	
	The Bindu Institute, LLC		
		Firm/Company	
	1913 Highway 87		
		Address	
	Navarre, Florida 32566		
		City/State and Zip Code	
	eservice@seely-law.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Donald Harrison		850 692-9824 at ()_	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address:	oction
Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

The Bindu Institute, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L14000107183	Company were filed on July 7, 201	and assigned 5.
This amendment is submitted to amend the following:		· · · · · · ·
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST_OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	address
	Liner i Wind Siree.	Control Co.
	Co.	Florida
	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 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>	Address	Type of Action
MGR	Trinity Ellis	1913 Highway 87	= Add
		Navarre, FL 32566	□Remove
		 	□Change
MGR Jessica Johnson	Jessica Johnson	1913 Highway 87	≣ Add
		Navarre, FL 32566	🖾 Remove
			Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

fective date, if other than the date of filing:		
fective date, if other than the date of filing: (optional) In 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 605.0207 date; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as returnent's effective date on the Department of State's records. The 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 is filed.		
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Signature of a member or authorized representative of a member	ited_	ich in
Signature of a member or authorized representative of a member		Shone Lavin
		Signature of a member or authorized representative of a member

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