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SECRETARY OF STATE
SECRET

COVER LETTER

		tration Secti on of Corpo					
	Y	oga Cat Ente	erprises, LLC				
SUBJEC	LI; _		Name of Limit	ted Liability Company			
The encl	losed A	articles of Ar	nendment and fee(s) are subn	nitted for filing.			
Please re	eturn al	l correspond	ence concerning this matter t	o the following:			
			Catherine Craven				
				Name of Person		_	
			Yoga Cat Enterprises, LLC				
				Firm/Company		-	
			PO Box 1652				
				Address		-	
			Mount Dora, FL 32756				
				City/State and Zip Code		_	
			cat@smallbizbalancing.com			至常	
			E-mail address: (to	be used for future annual report notification	on)	SE E	\neg
For furth	er info	rmation con	cerning this matter, please cal	11:		AUG 29	FIL
Catherin	e Crav			352 617-4117 at ()	· · · · · · · · · · · · · · · · · · ·		•
		Name of P	erson	Area Code Daytime Tele	ephone Number	LONDA LONDA LONDA	ڊ
Enclosed	d is a c	heck for the	following amount:				
\$25.0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Yoga Cat Enterprises, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited 1 Florida document number L14000140766	Liability Company	were filed on 09/09/201	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2819 Palmeto Road	
(Principal office address MUST BE A STREET ADDRESS)		Mount Dora, FL 32757	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE	E BOX)	PO Box 1652 Mount Dora, FL 32756	7. SE 16
3. If amending the registered agent and	d/or registered o		s, enter the name of the name
Name of New Registered Agent:	Catherine Crav	en	3: 28
New Registered Office Address:	2819 Palmetto	Road Enter Florida street addres	
	N		
	Mount Dora		orida 32757
		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 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>	<u>Address</u>	Type of Action
MGRM	Catherine E Craven	2819 Palmetto Road	□ Add
		Mount Dora, FL 32757	□ Remove
			✓ Change
			□ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
			□ Remove
			Change
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			□ Remove
			Change

See attached Amended Final Judgement of Change of	f Name (Adult)
	SEC
	<u> </u>
	29 × 29
	10 P. F. 8
ctive date, if other than the date of filing: $\frac{\text{June }7}{\text{Loop}}$,2016
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.
ent's effective date on the Department of State's rec	pplicable statutory filing requirements, this date will not be liste ords.
ecord specifies a delayed effective date, bu ie 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlie
ic John day area the record is med.	
d August 24 2016	
Catherine Crawen	*
//)/4/X +	authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00