## L15000027361

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## **COVER LETTER**

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eun ira	Live Free '	Yoga LLC		
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Sara Quiriconi		
			Name of Person	<del></del>
		Live Free Media LLC		
			Firm/Company	<del></del>
		2901 NE 1st Ave #809		
			Address	
		Miami, FL 33137		
			City/State and Zip Code	
		livefreewarrior@gmail.com E-mail address: (	to be used for future annual report noti	fication)
For furth	er information o	concerning this matter, please c		
Sara Qu	iriconi		203 5216502 at (	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>\$25</b> .	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Live Free Yoga LLC		
(Name of the Limited (A	Liability Company as it now appears ( Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab	lity Company were filed on 2/12/	2015 and assigned
Florida document number L15000027361		
This amendment is submitted to amend the follow	ng:	
A. If amending name, enter the new name of th	e limited liability company here	: 2
Live Free Media LLC		2021
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable	N/A	<u> </u>
Principal office address MUST BE A STREET A	IDDRESS)	
		· 0
Enter new mailing address, if applicable:		ਤੌਂ। 
Mailing address MAY BE A POST OFFICE BO	$\underline{x}$ $\frac{1}{\sqrt{x}}$	
B. If amending the registered agent and/or regingent and/or the new registered office address h		ords, enter the name of the new regist
Name of New Registered Agent:		
Name of New Negistered Agent.		
New Registered Office Address:	Enter Florida	ı street address
		, 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name NA	Address	Type of Action
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(If an effective	ate, if other than date is listed, the date date inserted in th	must be specific a is block does not	ind cannot be prior t meet the applic	able statutory fi	r more than 90 day	(optional) s after filing.) Pu s, this date wil	rsuant to 605,0207 (2 I not be listed as th
	effective date on the	ie Department oi	f State's records.				
document's		ective date, but n	ot an effective ti	me, at 12:01 a.i	m. on the earlier	of: (b) The 90	th day after the
document's	cifies a delayed effi						
document's			2021				