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AUG 25 2015 J SHIVERS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	ga With Kae Name of Ling	サーム	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Kay	J. William S.	<del></del>
	- Joga 1	With Kay, LLC Firm/Company	
	_/337 D	overcount Lane	
	Ormand &	Beach, FL 321 City/State and Zip Code	74
	Dilliams. E-mail address: (1	Kay 650 yahod. ( to be used for future annual report notificat	tion)
For further information co	ncerning this matter, please ca	all:	
Kay J Name of	Dilliams Person	at (386) 492 - Area Code Daytime Te	- 5728 Elephone 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

Yoga With Kay, LLC			
(Pame of the Limited Liability Company as it now a (A Florida Limited Liability Company)	ppears on our records.) any)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed o Florida document number	n <u>02/13/20/5</u>	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compar	<u>ıy here</u> :		
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:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		<del>, , , , , , , , , , , , , , , , , , , </del>	
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, <u>ent</u> e	er the name o	f the new
Name of New Registered Agent:			
New Registered Office Address:  Ente	r Florida street address	21 A	313744 4
City	, Florida	Zip Còde	
New Registered Agent's Signature, if changing Registered Agent:		00.2	54.
I hereby accept the appointment as registered agent and agree to act in	this capacity. I further i	geree to compl	v 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 Title Name **Address Type of Action** AMBR Williams, Richard W 1337 Dovercourt Lane DAdd Ormand Beach, FL 32174 ☐ Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change \_D Add ☐ Remove ☐ Change \_ 🗆 Add ☐ Remove ☐ Change □ Add \_□ Remove

\_□ Change

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Effective date, if other than the date of filing:	(optional) 🤭
f an effective date is listed, the date must be specific and cannot be prior to date of filing or m Note: If the date inserted in this block does not meet the applicable statutory filing	
document's effective date on the Department of State's records.	
a second annuities o delocad affective data. but not on affective t	sime at 13,01 a m on the corlian
ne record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	
Dated August 19, 2015.	
Dated August 19, 2015.  Xay J. William  Signature of a member or authorized representative  Kay J. William  Threed or minted name of signere	of a member

Page 3 of 3

Filing Fee: \$25.00