# 11500063022

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Graff H Yoga Studio LLC Some 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:
Ashly Nicole Adams Name of Person  YMRSHUCIO  Firm/Company
1016 Connecticut Rd
TOPPON Springs FL 34689  City/state and Zip Code  in for ash/upnil of adams, from  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ashlun Adams at ( <u>727</u> ) <u>773-76/3</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$560.00 Filing Fee. \$\Bigcup \\$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

O	F ·	
(Name of the Limited Lability Compar (A) Florida Limited L	ny as it now appears on our records.) Jability Company)	Thus 16 ph 3: ged
The Articles of Organization for this Limited Liability Company Florida document number <u>L/500063022</u>	were filed on <u>4/20//6</u>	يب and assi <b>g</b> ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi  MRSHUGIOS Mom  The new name must be distinguishable and contain the words "Limited Liability or the new name of the limited liability or the new name must be distinguishable and contain the words "Limited Liability or the new name of the limited liability or the new name of	Rehelling MAKIN	MUSTULIS L
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	110 E Tarpon A	VL 5 FL 34689
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	110 E Tarpon Av Tarpon Springs	L FL 34689
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	,, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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			
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Filing Fee: \$25.00