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| (F                     | Requestor's Name)       |        |
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| 4)                     | ddress)                 |        |
| (A                     | address)                |        |
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| PICK-UP                | ☐ WAIT                  | MAIL   |
| (E                     | Business Entity Name)   |        |
| ( <u>C</u>             | Document Number)        | ·      |
| Certified Copies       | Certificates of         | Status |
| Special Instructions t | o Filing Officer:       |        |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MG 0 4 2015

## **COVER LETTER**

| TO: Registr<br>Division | on Section<br>f Corporations                                 |   |   |                  |
|-------------------------|--|---|---|------------------|
|                         | ESTORATIVE YOGA, LLC   |   |   |                  |
| SUBJECT:                | Name of Limite   | d Liability Company   |   |                  |
| The enclosed Art        | es of Amendment and fee(s) are subm                          | itted for filing.   |   |                  |
| Please return all       | respondence concerning this matter to                        | the following:  |   |                  |
|                         | LINDA SCHEELE  |   |   |                  |
|                         |  | Name of Person  |   |                  |
|                         | MY RESTORATIVE YOGA  | A, LLC  |   |                  |
|                         |  | Firm/Company  |   |                  |
|                         | 2010 MURANO BAY DRIV   | Æ   |   |                  |
|                         | <u></u>  | Address   |   |                  |
|                         | BOYNTON BEACH, FL. 33  | 3435  |   |                  |
|                         |  | City/State and Zip Code   | I A   | ~>               |
|                         | lscheele@aol.com   |   | Ęŏ.   | S                |
| For further inform      | E-mail address: (to tion concerning this matter, please call | be used for future annual report notifications:                     | ation) HASS   |                  |
|                         | ILLA Scheele<br>ame of Person                                | at (407) 468-<br>Area Code Daytime T                                | 563/Fus<br>Felephone Number   | TO WELL          |
| Enclosed is a che       | for the following amount:                                    |   |   |                  |
| □ \$25.00 Filing        | ee \$30.00 Filing Fee & Certificate of Status                | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing<br>Certificate of<br>Certified Cop<br>(additional copy | f Status &<br>py |

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

| ARTISAN WINE CELLARS, LLC  |   |                      |
|--|---|----------------------|
| (Name of the Limited Liability Compan<br>(A Florida Limited Lia  | v as it now appears on our records.) ability Company) | <del></del>          |
| The Articles of Organization for this Limited Liability Company w  | vere filed on 4/20/2015                               | and assigned         |
| This amendment is submitted to amend the following:  |   |                      |
| A. If amending name, enter the new name of the limited liabili   | ity company here:                                     |                      |
| MY RESTORATIVE YOGA, LLC   |   |                      |
| The new name must be distinguishable and contain the words "Limited Liability  | y Company," the designation "LLC" or the a            | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                      |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                      |
| Trace and the control of the state of the st |   |                      |
|  |   |                      |
| Enter new mailing address, if applicable:  | TA <sub>S</sub>                                       | 2                    |
| Mailing address MAY BE A POST OFFICE BOX)  | FC<br>FR  | - Ti                 |
| Mading dualess MAT DE ATOST OFFICE BOA   | HASS  | 5                    |
|  | litte ⊷a' i   | <del></del>          |
| B. If amending the registered agent and/or registered offi   | ce address on our records Tenter                      | the name of the      |
| egistered agent and/or the new registered office address here:   | 97  | بيا على مرابيو       |
|  | ORID,   | ?n                   |
| Name of New Registered Agent:  |   | ·                    |
| New Registered Office Address:   |   |                      |
|  | Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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| -         |  |   |  | ······                                 | AHASS   | 15 AUG -                               | T               |
| -<br>ecti | ve date, if other than the date of fi  | ling:   |  |  | RETARY<br>AHASSE  | 15 AUG - :                             |                 |
| ecti      | ve date, if other than the date of fi  | ling:   | prior to date of                           | filing or more                         | RETARY<br>AHASSE  | 15 AUG - :                             |                 |
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Page 3 of 3

Filing Fee: \$25.00