## L150000 98725

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(Business Entity Name)  (Document Number)	
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	IGHT YOGA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JULIEANNE TABONE		
		Name of Person	<del> </del>
	SEARCHLIGHT YOGA	LLC	
		Firm/Company	<del></del>
	PO Box 358473		
		Address	
	GAINESVILLE, FL 3263:	5	
		City/State and Zip Code	<del></del>
	SEARCHLIGHTYOGA@G		<u> </u>
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	(':
JULIEANNE TABONE		352 871-4656 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
			•
Enclosed is a check for the	ne following amount:		$\tilde{\Gamma}_{ij} = 0$
■ \$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 enclised)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SEARCHLIGHT YOGA LLC		
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L Florida document number <u>L15000098725</u>	iability Company were filed on $\frac{06}{2}$	and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the		designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE		
(Muning universe MAT BE A FOST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, enter the name of the new registere
Name of New Registered Agent:	BETSY CARLSON	: <u> </u>
New Registered Office Address:	5031 NW 62ND COURT	
	Enter Flo	rida street address
	GAINESVILLE	Florida 32653
	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>	Address	Type of Action
AP	JONES, SAMANTHA	429 NW 3rd St	
		GAINESVILLE, FL 32601	≅Remove
			□Change
			□Add
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Signature of a member of authorized representative of a member		are take, but not an effective time, at 12.07 a.n.	ii. on the curren or. (b)	our any are	
Signature of a member or authorized representative of a member					
RenCerber  Signature of a member or authorized representative of a member	ted	2021			
Signature of a member or authorized representative of a member	A Caller				
· ·	Mucaux	Signature of a member or authorized representati	ive of a member	<del></del>	
BETSY CARLSON		-			
		Typed or printed name of signee	•		

Filing Fee: \$25.00