

LL5000197697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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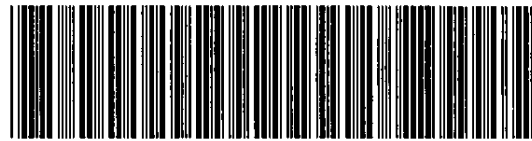
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Aura Aerial & Yoga

**SUBJECT:** \_\_\_\_\_  
Name 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:

Shannon Burbridge

\_\_\_\_\_  
Name of Person

Aura Aerial & Yoga

\_\_\_\_\_  
Firm/Company

111 Evans Dr

\_\_\_\_\_  
Address

Jacksonville Beach, Florida 32250

\_\_\_\_\_  
City/State and Zip Code

shannon.burbridge@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Burbridge

904 472-5126

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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**

Aura Aerial & Yoga

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 23, 2015 and assigned  
Florida document number L15000197697.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

Text

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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**

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cathy Martinich		<input type="checkbox"/> Add
		111 Evans Dr. Jacksonville Beach	<input checked="" type="checkbox"/> Remove
		FL 32250	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional).

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

Dated September 12, 2016

Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

Shannon Burbridge

Typed or printed name of signee

## Affidavit

State of Florida, County of Duval

My current legal name is Shannon-Burbridge and my current occupation is Owner of Aura Aerial & Yoga. I am presently 51 years old, and my current address of residence is 111 Evans Drive, Jacksonville, FL 32250.

### NOTICE OF WITHDRAWAL FROM PARTNERSHIP

To: Partners of Aura Aerial & Yoga

Cathy Martinich (the "Withdrawing Partner") is 795 Sandpiper Lane, Ponte Vedra Beach, FL 32082, is a partner in the partnership of Aura Aerial & Yoga (the "Partnership") established on the 21<sup>st</sup> day of November, 2015 for the purposed of creating and manging an alternative fitness studio and formed in accordance with a Partnership LLC.

Cathy Martinich desires to voluntarily withdraw from the Partnership. The date of the withdrawal will be September 30, 2016.

With this document, the withdrawing partner gives two weeks notice of withdrawal in writing to remaining partners, Shannon Burbridge and Kelly Courson Hayes.

I hereby state that the information above is true, to best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted.

Signed: \_\_\_\_\_

Cathy Martinich

Date: \_\_\_\_\_

September 12, 2016

Notary Signature: \_\_\_\_\_

Chris Wright

Date: \_\_\_\_\_

9/12/16

Seal:

