# 46000059303

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(Do	ocument Number)	
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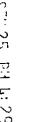


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## **COVER LETTER**

	Registration S Division of Co		ı	
enn nee	Namastas	ye Yoga & Retreats J.L.C.		
SUBJEC	1:	Name of Lim	ited Liability Company	······································
The enclo	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all corresp	pondence concerning this matter	to the following:	
		Stacey L. DeCristo		
			Name of Person	
		Namastasye Yoga & Retre	ats LLC	
		···	Firm/Company	
		5961 Michaux Street		
			Address	<del></del>
		Boca Raton FL 33433		
		namastasyeyoga@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	ication)
For furthe	er information	concerning this matter, please ca	alt:	
Stacey De			561 451-5352 at ()	
	Name	of Person	Area Code Daytime	: Telephone Number
		the following amount:		
\$25.0	0 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:

.

TO:

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 ORGANIZATION OF

Namastasye Yoga & Retreats, LLC

2019 5 - 25 FH 4: 20

(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	y were filed on March 23, 2016 and assigned		
Florida document number L16000059303			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
Namastasye Consulting LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5961 Michaux Street		
Principal office address MUST BE A STREET ADDRESS)	Boca Raton FL 33433		
Enter new mailing address, if applicable:			
Poston de la companya de la complianta del complianta del complianta del complianta del complianta del compl			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	<u>re</u> :		
Commer I Dar	Stacey L. DeCristo		
Name of New Registered Agent: Stacey L. DeC			
Name of New Registered Agent: Stacey L. DeC  New Registered Office Address: 5961 Michaux	c Street		
Name of New Registered Agent.			
Name of New Registered Agent.	c Street		

# 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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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			∩ Add
			Remove
			Change
			Add
			Remove
			□ Change
			□ Remove
			☐ Change
			∩ Add
			☐ Remove
		<del></del>	☐ Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change

September 3, 2019
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)
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.
f 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 3. 2019.
Signature of a member or authorized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00