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2023 JAN -3 AM 8: 08 SECRETARY OF STATE

#### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	nypsea Voga Name of Lim	School, LLC ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cour	tney Fletcher Name of Person	
	Gypsea	Yoga School, Uirm/Company	LLC
	13998 SI	hallow Cove C	ourt
	Jackson	Ile, FL 3 City/State and Zip Code	2724
	Eourtne E-mail address: (	Lyainner Sea to be used for future annual report notif	409a academy.com
For further information of	oncerning this matter, please co	all:	
Court Name o	ney Fletcher	at ( <u>305</u> ) <u>240 -</u> Area Code Daytime	- 5470 e Telephone Number
Enclosed is a check for the	he 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	roga School		
( <u>Name of the Bimited Liabilit</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co		24/2016 ar	nd assigned
This amendment is submitted to amend the following:	_ ,		
A. If amending name, enter the new name of the limit InnerSea Yosa The new name must be distinguishable and contain the world. "Limit new name must be distinguishable and contain the world."		ation "LI.C" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:  "Principal office address MUST BE A STREET ADDR"	PESS)		
Enter new mailing address, if applicable:		\$ £	3
Mailing address MAY BE A POST OFFICE BOX)		79.00 S	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	ds, enter the name of the	new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet 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>	Type of Action
			□ Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Remove
			□Change
		<del> </del>	□Add
			□Remove
			□Change
			□ Петюче
		···	□Change
	<del></del> _		
			□Remove
			Change

## Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lf an ef <b>Note:</b>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 28, 2022.
	Signature of a member or authorized representative of a member
	Courtney Fletcher