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COVER LETTER

Division of Cor			
SUBJECT: VANILLAS	SKY YOGA LLC	ited Liability Company	
	Name of Lim	песі Главінту Сотрапу	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRANCISCO GONZALE	z	
		Name of Person	
	VANILLA SKY VENTUR		
		Firm/Company	
	5980 SW 35 ST	Address	
		, 133, 133	
	MIAMI, FL 33155	City/State and Zip Code	
	FRANKG357@GMAIL.CO	OM to be used for future annual report notif	(Cration)
For further information c	oncerning this matter, please ca	-	
FRANCISCO GONZAL	.EZ	at (786) 587-5533	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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

VANILLA SKY YOGA LLC	·····			
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	<u>18.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on <u>02/15/2017</u>	and assigned		
Florida document number L17000036349				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
VANILLA SKY FITNESS LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	301 SW 17 RD	.		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33129			
Enter new mailing address, if applicable:	301 SW 17 RD	, mg () () () ()		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33155	N CJ		
		ά/ 		
B. If amending the registered agent and/or registered o		s, enter the name of the nev		
registered agent and/or the new registered office address her	<u>'e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, FI	orida		
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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an effective date is listed, ote: If the date inserte	er than the date of filing: the date must be specific and come and in this block does not me the on the Department of Sta	cannot be prior to ceet the applicable				
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Filing Fee: \$25.00