L17000036349

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COVER LETTER

TO:	Registration Se Division of Cor			
CHD IE		SKY FITNESS, LLC		
SUBJEC	-1;	Name of Lim	ited Liability Company	
The encl	osed Articles of	A mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		FRANCISCO GONZALEZ		
			Name of Person	
			Firm/Company	
		5980 SW 35 ST		
			Address	
		MIAMI, FL 33155		
			City/State and Zip Code	
		FRANKG357@GMAIL.CO	M to be used for future annual report notij	(ication)
For furth	er information c	oncerning this matter, please co		icanony
FRANCI	ISCO GONZALE	^C Z	786 587-5533 at ()	
	Name oj	f Person	Area Code Daytimo	e Telephone Number
Enclosea	l is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 FITNESS, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record la Limited Liahility Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 2/15/17	and assigned
lorida document number L17000036349	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
ANILLA SKY YOGA, LLC		
ne new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		် ခ ုံ
nter new mailing address, if applicable:		7
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or regis	stered office address on our records	s, enter the name of the n
gistered agent and/or the new registered office add	<u>tress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	, •	
Negistered Office Pauress.	Enter Florida street addres	is .
	Fl	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
			□ Remove
			□ Change
		 	
			Remove
		 	Change
			Cliange
			DA Add
			□ Remove
			□ Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 605.0.
If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	equirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	e, at 12:01 a.m. on the earlier
d $\frac{4/6}{17}$	

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Typed or printed name of signce

Filing Fee: \$25.00