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COVER LETTER

TO: Registration Secti Division of Corpo		No.	
SUBJECT: Dest	ination You Name of Limit	9 0- ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are subt	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Hope	Gilland Name of Person	
	Destina	etion Yoga Firm/Company	
		Firm/Company	
	221 COX	resbury Cou	urt
	Green Cou	Springs, City/State and Zip Code	F1. 32043
	hj K Gi I	City/State and Zip Code LL@ Yahoo. Co to be used for future annual report notific	m
For further information con-	cerning this matter, please ca	all:	
HOPE G		at (904) 465	
Name of P	erson	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

Destination	
(Name of the Limited Liability (A Florida)	Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000395</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDR	ESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3°
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess 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 **Title** Name **Address Type of Action** 050 Green Cove Springs, Fl. 32043 Hope Gilland ☐ Remove ☐ Change □ Add □ Remove □ Change ☐ Add \Rightarrow □-Remove : □ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add _□ Remove ☐ Change

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Effective date, if other than f an effective date is listed, the date Mote: If the date inserted in the document's effective date on the date inserted in the document's effective date.	e must be specific a is block does not	nd cannot be prior meet the applica	to date of filing or r able statutory filir	nore than 90 days afte	tional) er filing.) Pursuant to 605.0 is date will not be listed	0207 d as
e record specifies a dela The 90th day after the			t an effective	time, at 12:01	a.m. on the earlie	r o f
	0.2	2017	1			
	<u>23</u>	-,	 '			
Dated March	HOF	se Gi	 '	e of a member		

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Filing Fee: \$25.00