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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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To Registration Dept., Division of Corporations -

Included please find my application to change the name of my LLC.

My daytime telephone number & address:

Heidi Porter 2482 N.E. Coachman Rd. Apt. 1212

Clearwater, FL 33765

(813)777-3956

Thank you -

SEURETARY OF STATE PLOBIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Live Big Joga LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Heidi Porter Name of Person		
Firm/Company		
2481 N.E. Coachman Rd. Apt. 1212		
Clearwater FV 33765 City/State and Zip Code	17	IAC.
horter 13. ho e grad. Com  E-mail address: (to be used for future annual report notification)	HAR 22	RETAR
For further information concerning this matter, please call:		
Heidi Porter at (813) 777-3956  Name of Person at (813) Daytime Telephone Number	AM 10: 37	FLOGUL
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \text{(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

LIVE Big Joga LLC  (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reco ability Company)	rds.)
The Articles of Organization for this Limited Liability Company value of Company value of the Submitted to amend the following:  A. If amending name, enter the new name of the limited liability Company value of the liability Company value	,	2017 and assigned
Yoga For A New Dawn, LLI The new name must be distinguishable and contain the words "Limited Liability		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- NA	<b>3 2 3 3 3 3 3 3 3 3 3 3</b>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- NA	HAR 22 AM O:
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the name of the new
Name of New Registered Agent:	11.	
New Registered Office Address:	Enter Florida street addr	ess
	City	F <b>lorid</b> a 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day tote:  If the date inserted in this block does not meet the applicable statutory filing requirement occurrent's effective date on the Department of State's records.	(optional) s after filing.) Pursuant to 605.0207 (3)(b) ts, this date will not be listed as the
e record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	:01 a.m. on the earlier of:
ated March 19. 2017.	
Signature of a member or authorized representative of a member	
Heidi Porter Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00