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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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MAR 23 2017
S. YOUNG

17 MAR 22 AM 10:37

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 NE. Coachman Rd.
Apt. 1212
Clearwater, FL
33765

(813) 777-3956

Thank you —

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Live Big Yoga 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 NE. Coachman Rd. Apt. 1212
Address

Clearwater FL 33765
City/State and Zip Code

hporter23.hp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi Porter at (813) 777-3956
Name of Person 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

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TALLAHASSEE, FL 32304
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Live Big Yoga LLC

Yoga For A New Dawn, LLC

N	A
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$$w/A$$

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TALLAHASSEE, FLORIDA
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Enter Florida street address

N/A

Page 1 of 3

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

W/A

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 19, 2017

Heidi Porter

Signature of a member or authorized representative of a member

Heidi Porter

Typed or printed name of signee