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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration S Division of Co			
Heron Yog SUBJECT:	a LLC		
SUBURET.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Philip Garza		
		Name of Person	
		Firm/Company	
	7322 Bumelia Dr		
		Address	<u> </u>
	Cocoa, FI, 32927		
	psj@heronyoga.org	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Philip Garza		305 323-0781 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

Heron Yoga LLC		
(Name of the Limited Link (A Flor	ollity Company as it now appears on our records. ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on June 8, 2017	and assigned
Florida document number L17000125821		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	· ·
		g 1
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "LLC."
Enter new principal offices address, if applicable:		927
(Principal office address MUST BE A STREET ADD	DRESS)	
		A B O
		E CONTRACTIONS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or reg		enter the name of the new
registered agent and/or the new registered office ac	uuress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
	City	Zip Code
Now Desictored Acont's Signature if changing Desictor	and America	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Philip Garza	7322 Bumelia Dr Cocoa , Fl 32927	
			□ Remove
			Change
AMBR	Tracey Garza	7322 Bumelia Dr Cocoa, Fl 32927	₽ Add
			☐ Remove
			Change
			Add
		·	PI Remove
 			PREMOVE PREMOV
		☐ Change	
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ctive date, if other than the d	ate of filing:	*	(opti	onal)
effective date is listed, the date must be: If the date inserted in this block	k does not meet the app	olicable statutory fi		
ument's effective date on the Dep	artment of State's recor	rds.		
ecord specifies a delayed	effective date, but	not an effectiv	e time, at 12:01 a	a.m. on the earlier o
ne 90th day after the reco			·	
d June 21	2017			
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	ignature of a member or a			

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Filing Fee: \$25.00