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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	· · · · · · · · · · · · · · · · · · ·
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DIVISION OF COMPONANCHS

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COVER LETTER

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	gistration Se tision of Cor			
CLIB LUZTA	Malu Yoga			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Andrea Hollowell		
			Name of Person	
		Malu Yoga & Fitness		
			Firm/Company	
		4862 Grand Vista Lane		
			Address	
		St Cloud / FL / 34771		
			City/State and Zip Code	
		andreajhollowell@gmail.co	m to be used for future annual report notif	FULL 183
For further is	nformation co	oncerning this matter, please co		icadoni
Andrea Holl	lowell		407 406 3101	
	Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy wadditional 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

Malu Yoga & Fitness		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number 1,17000125891	ny were filed on June 8th, 2017	and assigned
Florida document number (177007125671)		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		9 2 m
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JUN 21 PM 1: 45
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		, enter the name of the nev
Name of New Registered Agent:		
name of their registered rigens.		• -
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andrea Hollowell	4862 Grand Vista Lane	≘ Add
			□ Remove
			☐ Change
			Add
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			Remove
			Remove
			☐ Change
		-	□ Remove
			Change
			☐ Remove
			☐ Change

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_	DIVISION OF CONTRACTORS
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_	Oliver C
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iote:	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated _	Juna 19th . 2017.

Page 3 of 3

Filing Fee: \$25.00