

L17 000128803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

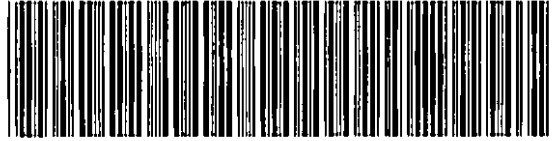
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100366342921

05/19/21--01005--005 **25.00

FILED

2021 MAY 19 PM 2:15

SECRETARY OF STATE
OFFICE OF THE CLERK

NELSON SLOSBERGAS, P.A.

1110 BRICKELL AVENUE

SUITE 310

MIAMI, FLORIDA 33131

E-MAIL ADDRESS nelson@miami-intl-law.com

WEB PAGE www.miami-intl-law.com

NELSON SLOSBERGAS

ATTORNEY AND CIVIL LAW NOTARY

(305) 374-0030

FAX (305) 374-2855

May 12, 2021

Via Federal Express

Secretary of State
Registration Section/Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

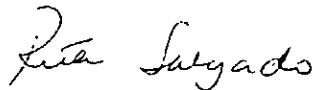
RE: BHAVA JEWELS LLC

Dear Sir or Madam:

Please find attached the Articles of Amendment to Articles of Organization of Bhava Jewels LLC,
and check for the filing fee in the amount of \$25.00.

Thank you for your attention to this matter.

Very truly yours,



Rita Salgado
Corporate Legal Secretary
[e-mail: rita@miami-intl-law.com]

FILED
2021 MAY 19 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BHAVA JEWELS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 12, 2017 and assigned
Florida document number L17000128803.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WISE YOGA BUDDIES LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2024 MAY 19 PM 2:15
CLERK OF STATE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2020 MAY 09 PM 2:15
OFFICE OF STATE
SECRETARY
RECEIVED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ד
ל
מ
ד

2021 MAY 19 PM 2:15

1919

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 8 2021

Anna CP Worcia

Signature of a member or authorized representative of a member

ANDREA CRISTINA PEREIRA CORREIA

Typed or printed name of signee