117000201407

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(======,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:		stration Sec sion of Corp						
CUD IEZ		Soar Cycle, '	Yoga, & Barre, LLC					
SUBJEC	.1: _		Name of Limi	ited Liability Company				
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	eturn :	all correspon	dence concerning this matter	to the following:				
			Norelle Adams					
				Name of Person				
			Soar Evolution, LLC					
				Firm/Company	 			
SUBJECT The enclose Please return For further Norelle Ad Enclosed is			2526 Cimmaron Ash Way					
				Address				
			Apopka, FL 32703					
				City/State and Zip Code				
			norelle@thesoarevolution.co					
			E-mail address: (t	o be used for future annual repo	rt notification)			
For furth	er int	ormation co	ncerning this matter, please ca	ill:				
Norelle .	Adam	ıs		407 982-02 at ()	_			
·	•	Name of	Person	Area Code E	Paytime Telephone Number			
Enclosed	is a	check for the	following amount:					
\$ 25.0	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

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

FILED

18 JUL 25 PH 5: 30

TALLAHASSEE, FLORIDA

Soar Cycle, Yoga, & Barre, LLC

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

he Articles of Organization for this Limited Liability Co	ompany were filed on Septe	mber 28, 2017 and assigned			
lorida document number L17000201407	_•				
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limit	ted liability company here	;			
oar Evolution, LLC					
ne new name must be distinguishable and contain the words "Limit	ed Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRI	ESS)				
nter new mailing address, if applicable:					
failing address MAY BE A POST OFFICE BOX)					
					
. If amending the registered agent and/or registe	ered office address on o	ur records, enter the name of the			
gistered agent and/or the new registered office addr	ess here:	the many of the			
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address:	Enter Florida	street address			
		Florida			
·	City	Zin Code			
ew Registered Agent's Signature, if changing Registered		, Florida Zip Code			

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: 18 JUL 25 PH 5: 30 MGR = Manager AMBR = Authorized Member SECRETARY OF STATE Type of Action TALLAHASSEE, FLORIDA Address Name Title _□ Add □ Remove □ Add ☐ Remove □ Change □ Remove ☐ Change _D ∧dd □ Remove □ Add _□ Remove ☐ Change ☐ Remove

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an effective d ote: If the o	date is listed, the date i date inserted in this	he date of filing: must be specific and of a block does not me to Department of Sta	sannot be prior to de set the applicable	ite of filing or more	than 90 days after fi equirements, this	iling.) Pursuant to 6	05.0207 (3)(b) sted as the
	pecilies a delay day after the r	red effective da ecord is filed.	ite, but not ar	effective tir	ne, at 12:01 a.	m. on the ear	lier of:
ire	July 25	2018					

Page 3 of 3

Filing Fee: \$25.00



November 29, 2017

NORELLE ADAMS 2526 CIMMARON ASH WAY APOPKA, FL 32703

SUBJECT: SOAR CYCLE, YOGA, & BARRE, LLC

Ref. Number: L17000201407

We have received your document for SOAR CYCLE, YOGA, & BARRE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is 767122.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 217A00024057

RECEIVED

JAN - 4 2018



January 5, 2018

SOAR CYCLE, YOGA, & BARRE, LLC NORELLE ADAMS 2526 CIMMARON ASH WAY APOPKA, FL 32703

SUBJECT: SOAR CYCLE, YOGA, & BARRE, LLC

Ref. Number: L17000201407

We have received your document for SOAR CYCLE, YOGA, & BARRE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00000346

Karen A Saly Regulatory Specialist II

www.sunbiz.org