L17 CCC 21776C

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	=-
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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Office Use Only 5. C -



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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT	Luminary Y	'oga & Wellness LLC				
SOURCE	•	Name of Lir	nited Liability Company			
The enclose	ed Articles of .	Amendment and fee(s) are sul	omitted for filing.			
		ndence concerning this matter	-			
		Cathy Schaibly				
			Name of Person		•	
		Unbehagen Advisors				
			Firm/Company		•	
		31 W Tarpon Avenue				
			Address		- <u>.</u>	
		Tarpon Springs FL 34689				C
			City/State and Zip Code		_	
		cathy@unbehagenadvisors.	com			•
		E-mail address:	to be used for future annual report noti	fication)	f.) 	:
For further i	information co	oncerning this matter, please c	all:		D	;
Cathy Schai	ibly		727 934-7759		A 11: 2	
	Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed is	a check for the	e following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified ·	e of Status &	
	iling Address gistration S		Street Address:			
	gistration S vision of Co		Registration Sec Division of Cor			
P.(D. Box 6327	7	The Centre of T			
Ta	llahassee, F	L 32314	2415 N. Monroe		ın	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our recordinited Liability Company)	<u>ds.</u>)
mpany were filed on 10/20/2017	and assigned
<i>,</i>	U
ed liability company here:	
d Liability Company," the designation "LLC	" or the abbreviation "L.1C."
(3.5)	
	
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·	C_{ν}
	<u> </u>
office address on our records, enter	the name of the new register
<u> </u>	the manie of the new register
	<u></u>
	1:2
Enter Florida street addres.	
F1	!
, FIG	Zip Code
	SS) Filer Florida street address, File

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 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
Mgr	Cathy Pollard-Claflin	1007 Caravel Court	≣Add
		Tarpon Springs FL 34689	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Remove (j)
			Add 1
			□Change
			🗆 Add
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			□ Add
			□Remove
			□Change

<u> </u>
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Filing Fee: \$25.00