## L18000014561

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Amend

JAN 2.7 2021 I ALBRITTON

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	atland Harm	DNY (DAU LL ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jennyfor	MUNUNO Name of Person	
		•	
	maitland	Harmony Yogal	LLC
		Firm/Company	<del></del>
	llo N. Orl	ando Ave, Unit 2	
		Address	<del></del>
	maitland	l, FL 32751	
		City/State and Zip Code  OMUNION O JMU  to be used for future annual report notif	
For further information c	oncerning this matter, please ca	ali:	
Jennyfe	r MUNCINO	at (407), 256.9	816
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

maitland Ho	armony	YOGA LL		
(Name of the Limited	Liability Compa A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company 4561	were filed on	11/2018	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liab	pility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liab	ility Company," the design	ation "LLC" or the ab	ebreviation "L.L.C."
Enter new principal offices address, if applicat	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:				-1
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			: 
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Jany	fer Mancino		
New Registered Office Address:	110 N.	Fer Mancino Orlando AVE Enter Florida si	UNIT2	
		and Enter Florida st		
		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

Title	<u>Name</u>	Address	Type of Action
MGR	charles Bostrum	110 N. Orlando Ave	□Add
		Muitland, FL 32751	Z/Remove
			□Change
MGR	sharon Bustrom	(same)	□Add
			ØRemove
			□Change
Mar	anthony muraino		🗹 Add
			Remove
			□ Change
MGR	Jenryformakano		⁄ZÁdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<del></del>
	<u> </u>
(If an et Note:	tive date, if other than the date of filing:  [Coptional]  [Gettive 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 (  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is f	ard 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 iled.
Dated	Charles Bostrom
	Signature of a member or authorized representative of a member
	CHARLOS SOSTROM  Typed or printed name of signer