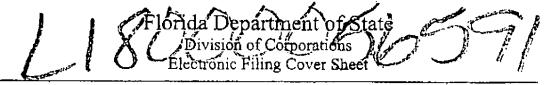
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P.001/005

Division of Corporations



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: (850)617-6383

From:

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GGG YOGA, LLC Certificate of Status Certified Copy Page Count Estimated Charge \$25.00

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TO: Registration Section

COVER LETTER

Divis	ion of Cor	porations	•			
SUBJECT:	GGG YOG	A, LLC	о. "м			
SUBJECT: _		Name of Lin	nited Lisbility Company			
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return a	ll correspo	ndence concerning this matter	to the following:			
		Sarah Gulati, Esq.				
			Name of Person			
		Gulati Law, P.L.				
			Finn/Cos spany			
		479 Montgomery Place,				
			Address			
		Altamonte Springs, Florid	н 32714			
			City/State and Zip Code			
		office@gulatilaw.com				
		E-mail address: (to be used for future annual report not	ification)		
For further info	rmation co	meerning this matter, please of	all:			
Sarah Gulati, Esq.		407 900-5054				
Nume of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is a ch	neck for the	e following amount:				
■ \$25.00 Filin	ng 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)		
			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR. Registration Section Division of Corpor Clifton Building 2661 Executive Country Tallahassee, FL 32	on rations onter Circle			

7.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

141

GGG YOGA, LLC		
(Name of the Limited Limited Limited Limited L	y as it now appears on our reciability Company)	ords.)
:::	•	
	were filed on 03/02/2018	and assigned
(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 03/02/2018 and assigned Florida document number Li8000056591 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company here: 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the neglistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	Ity company here:	
	ਵਾ	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Untay natur natural affigure address if annihables	,	28 F
	(Name of the Limited Liability Company at Look appears on our records) (A Florida Limited Liability Company) Forganization for this Limited Liability Company were filed on 03/02/2018 and assigned ent number Li8000056591 Int is submitted to amend the following: Ing name, enter the new name of the limited Hability company here: Its be distinguishable and contain the words "Limited Liability Company here: In price address, if applicable: Its address MUST BE A STREET ADDRESS) In graderss MUST BE A STREET ADDRESS) In the registered agent and/or registered office address on our records, enter the name of the new not and/or the new registered office address here: In of New Registered Agent: Registered Office Address: Enter Florida street address Enter Florida Zy Code Agent's Signature, if changing Registered Agent: In the appointment as registered agent and agree to act in this capacity. I further agree to comply with the	
(Principal office address MUST BE A STREET ADDRESS)		
		2. <u>0</u>
		\$ to
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u> .	
		rds, enter the name of the nev
registered agent and/or the new registered office address nere		
And the second second		•
Name of New Registered Agent:		
New Registered Office Address:		
	ility company here: Ty Compan	ress
		Florida
	City	Zip Coda
New Registered Agent's Signature, if changing Registered Agent:		
provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a		

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	SHASHIDHAR GALIPALLI	479 Montgomery Place	
		Altamonte Springs, Florida 32714	■ Remove
			Change
AMBR	SHIVAYOGA, LLC	479 Montgomery Place	■ Add
		Altamonte Springs, Florida 32714	Remove
			: ;. □ Change
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	02/22	ממממ	_			
ffective date, if other than the date of an effective date is listed, the date must be spec-			filled or more than	optio	nal)	n an
ote; If the date inserted in this block does coment's effective date on the Department.	s normearine	ADDITION OF STAD	ntory filing requi	rements, this	date will not be liste	.020 ed a
e record specifies a delayed effec The 90th day after the record is	tive date, be filed.	ut not an eff	fec∺ve time, :	at 12:01 a.	m. on the earlie	ero
nted March 23	2018					
	7. 7	Sh-				
	,	-				
Signatu	re of a member o	or authorized repr	resentative of a me	anber		

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Filing Fee: \$25.00.