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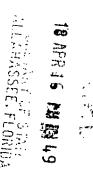
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Div | ision of Cor | porations | | |
|---------------------------------|---------------|--|---|--|
| SUBJECT: | Yoga Tribe, | LLC | | |
| SOLUECT. | | Name of Limi | ited Liability Company | The state of the s |
| The enclosed | i Articles of | Amendment and fee(s) are sub- | mitted for filing. | · |
| Please return | all correspon | ndence concerning this matter | to the following: | |
| | | Katherine Elizabeth Ulrich | | |
| Name of Person | | | | |
| Yoga Tribe, LLC | | | | |
| Firm/Company | | | | ······ |
| 2797 First Street #1503 Address | | | | |
| | | | | |
| | | Fort Myers, Florida 33916 | | |
| City/State and Zip Code | | | | |
| | | kulrich121@yahoo.com | o be used for future annual report | mat/Continu |
| For further is | nformation co | oncerning this matter, please ca | _ | notineation) |
| Katherine U | lrich | | 239 672-1976 at () |) |
| • | Name of | Person | Area Code Da | ytime Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ₩ \$25.00 F | iling 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:

TO:

Registration Section

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

| Yoga Tribe, LLC | | | | |
|--|---|---|--------------------------|------------------|
| (Name of the Lim | ited Liability Comp (A Florida Limited | any as it now appears on our reco Liability Company) | ords.) | |
| The Articles of Organization for this Limited 1 | Liability Company | y were filed on | • | _ and assigned |
| Plorida document number L18000071115 | · | | | |
| This amendment is submitted to amend the following | llowing: | | | |
| A. If amending name, enter the new name | of the limited lia | bility company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liab | oility Company," the designation "L | LC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | | |
| Principal office address MUST BE A STRE | | | | |
| | | | | |
| | | | 2 | . • |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2797 First Street #1503 | | 6 00 |
| | | Fort Myers, FL 33916 | # H | P 30 |
| | | | SSE | an |
| | | | : ريان الم | |
| 3. If amending the registered agent and | | | rds, enter the | e name of the |
| registered agent and/or the new registered (| office address he | <u>re</u> : | | 64 |
| Name of New Registered Agent: | Katherine Eliz | abeth Ulrich | الا بقو | |
| New Registered Office Address: | 2797 First Stre | eet #1503 | | |
| | | Enter Florida street ada | lress | |
| | Fort Myers | | Florida ³³⁹¹⁶ | • |
| | | 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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

| AMBR = | Authorized | Member |
|--------|------------|--------|

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------------|--|--|
| AMBR | Katherine Elizabeth Ulrich | 2797 First Street #1503 | Add |
| | | Fort Myers,FL 33916 | Remove |
| | | | ☐ Change |
| AMBR | Sheri Craze | 4600 Summerlin Road #C2-279 | □ Add |
| | | Fort Myers, FL 33919 | Remove |
| | | | Change |
| AMBR | Stephanie McCandless | 13971 Avon Park Circle | |
| | | Fort Myers, FL 33912 | ≅ Remove |
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Filing Fee: \$25.00