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COVER LETTER

	tion Section of Corporations
- at Tao ∖	Yoga LLC
	Name of Limited Liability Company
The enclosed Artic	doe of Amondanana and Colonia
	les of Amendment and fee(s) are submitted for filling.
Please return all co	rrespondence concerning this matter to the following:
	Aaron L. Benningfield
	Name of Person
	Firm/Company
	1904 Illinois St
	Address
	Orlando, FL, 32803
	City/State and Zip Code
	aaronlbenningfield@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Aaron L. Benningfie	eld 502 500-0169
Na	at (
Enclosed is a check (for the following amount:
□ \$25.00 Filing Fe	

MAILING ADDRESS: 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

18	FILED
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Tao Yoga LLC

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

	ility Company were filed on May, 17th 2018 and assigned
Florida document number L18000123782	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The Path Yoga LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	X)
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our popular and a discount of the state o
and the new registered office	registered office address on our popular and a discount of the state o
Name of New Registered Agent:	registered office address on our records and a decided and
Name of New Registered Agent:	registered office address on our records, enter the name of the nev address here: Enter Florida street address
Name of New Registered Agent:	registered office address on our records, enter the name of the nev address here: Enter Florida street address Florida City Zip Code

If 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_being added or removed from our records</u>:

MGR = M $AMBR = A$	Aanager Authorized Member	FILED	
<u>Title</u>	<u>Name</u>	Address Shall says SF STATE ALL SAYS SF STATE	Type of Action
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Page 3 of 3

Filing Fee: \$25.00