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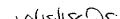
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COVER LETTER

TO:	Registration Se Division of Cor				
÷ SUBJI	CCT:	LOV 6	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		MAUR	Name of Person		
			YOGA CLC		
		955 \$	C. 767H AVQA	ul	1
		140114	Address Wood FL 3 City/State and Zip Code	3020	=
		E-mail address: (onte jo @ holmail.	cation)	
For fur	ther information o	oncerning this matter, please ca	all:		
<u>H</u>	AURICIÓ Name o	Hontejo	at (786) 35 Area Code Daytime	Z 7003 Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$2:	5.00 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 Stat Certified Copy (additional copy is en	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Velez Monte	jo LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberLI	J 1	and assigned
This amendment is submitted to amend the following:		here: e designation "LLC" or the abbreviation "L.L.C." a i i i i i i i i i i i i
A. If amending name, enter the new name of the limited liab	oility company here:	
LOVE YOGA	(LC	
he new name must be distinguishable and contain the words Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A	- ",
Principal office address MUST BE A STREET ADDRESS)		
•		
		., -,
Enter new mailing address, if applicable:	$ \Omega$ A	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the ne
Name of New Registered Agent:	np	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Velez Calvo, Briard	0 955 S. 26 th Avenue	Add
		o 955 S. 26th Avenue Hollywood, FC 33020	🍇 Remove
			Change
			🗆 Add
			Remove
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			□ Remove
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ective	date, if other than t	he date of fi	ling:			(optio	onal)	
<u>te:</u> If t	ve date is listed, the date the date inserted in this	block does n	ot meet the	applicable sta				
zument	's effective date on the	: Department	or State's re	ecoras.				
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Page 3 of 3

Filing Fee: \$25.00