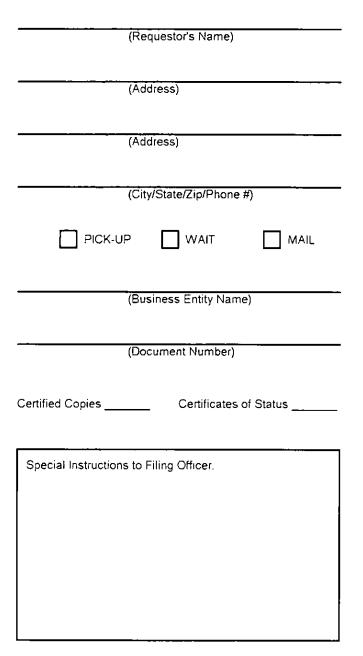
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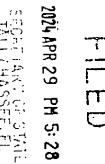






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04/29/24--01020--012 \*\*25.00



## **COVER LETTER**

TO: Registration Sec Division of Corp			
Glenda's Yo			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Richard Malewicki		
		Name of Person	
		Firm/Company	
	1108 Stonehedge Trail Lan	ne	
		Address	
	Saint Augustine, FL 32092		
		City/State and Zip Code	<del></del>
	rich.malewicki@gmail.com		
		to be used for future annual report no	ourication)
For further information c	oncerning this matter, please co	alł:	
Richard Malewicki		904 907-7604 at ( )	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glenda's Yoga LLC (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 4/24/2024 \_\_\_\_ and assigned Florida document number L18000211211 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Glenda's Doga LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 nan int new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

## 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

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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot ock does not meet the	e applicable statut	iling or more than 90 cory filing requirem	_ (optional) lays after filing.) Pursuan ents, this date will not	t to 605,0207 be listed as
e record specifies a delayed effective rd is filed.	date, but not an effe	ective time, at 12:	01 a.m. on the earli	er of: (b) The 90th da	ay after the
Dated 4/24	2024	4			
	M/ / /	<u> </u>			
	Waller of	S ar authorized ac-	contative of a march		<del></del>
	Signature of a member	or aumorized repre	eschauve of a membe	ı	
Richard Malewicki					

Filing Fee: \$25.00