## L19000 110379

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## **COVER LETTER**

Division of Corpo	rations		
SUBJECT: LEOP	la Media Lli	C	
<del></del>	Name of Lim	ited Liability Company	
The enclosed Articles of Art	nendment and fec(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Samantha K	line	
		Name of Person	
		Firm/Company	•
	2,22 %	7:-	
	3123 Dunstabl	Address	
	Land O Lakes,	FC 34638 City/State and Zip Code	
	Ply 12 DAT MY UU Pl-mail address:	a O OMAI COM to be used for future annual report notifi	ication)
For further information con-	cerning this matter, please ca	all:	
			_
Jamantha Kline		at (813) 453-7 Area Code Davtime	
Name of F	erson	Area Code Dayume	Telephone Number
Enclosed is a check for the			
\$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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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Leppla Media UC	2070 t · · · · 20 Pit 3: 38
Leppla Media UC  (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 (10379</u> .	were filed on OH - 23 - 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Pink Palm Yoga LLC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3123 Dunstable Dr.
(Principal office address MUST BE A STREET ADDRESS)	Lando Lakes, FL 34638
Enter new mailing address, if applicable:	3123 Dunstable Dr. Land O Lakes, FL 34638
(Mailing address MAY BE A POST OFFICE BOX)	Land O Lakes, FL 34638
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	J JA
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida
	City Zip Code
Nov. Degistered Agent's Signature, if shanging Degistered Agent.	

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
		<del> </del>	□Change
			Remove
		<del></del>	□ Change
			□Add
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			Remove
			Change
			□ Add
			□Remove

	NIA
Effec	live date, if other than the date of filing: $\frac{N}{h}$ (optional)
(lf an ei	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is f	iled.
	M. 18th man
Dated	May 18th , 2020.  Signature of a member or authorized representative of a member
	A sufficient
	- yamin m
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Sanarther Kline Typed or printed name of signee

Carlos Carlos (Carlos Carlos C