

L19 000134860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

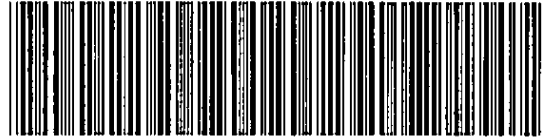
(Business Entity Name)

(Document Number)

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2020 FEB 10 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

FEB 11 2020  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIGH FREQUENCY YOGA + FITNESS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARA SILVA

Name of Person

HIGH FREQUENCY YOGA + FITNESS LLC

Firm/Company

6161 Memorial Highway, APT 1704, MAILBOX 114

Address

TAMPA, FL 33615

City/State and Zip Code

highfrequencyyogaandfitness@

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARA SILVA

Name of Person

at ( 913 )

Area Code

702-4578

Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32314

**Street Address:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2020

SARA SILVA 2ND MAILING  
4519 GEORGE RD  
STE. 125  
TAMPA, FL 33634

(COMPLETED  
& ATTACHED)

SUBJECT: HIGH FREQUENCY YOGA + FITNESS LLC  
Ref. Number: L19000134860

We have received your document for HIGH FREQUENCY YOGA + FITNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to date/sign and type print the name of the signee.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 420A00000668

2020 FEB 10 PM 1:59



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2020

SARA SILVA  
6161 MEMORIAL HIGHWAY  
APT. 1704 - MAIL BOX 114  
TAMPA, FL 33615

SUBJECT: HIGH FREQUENCY YOGA + FITNESS LLC  
Ref. Number: L19000134860

We have received your document for HIGH FREQUENCY YOGA + FITNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton  
Regulatory Specialist II

Letter Number: 420A00000668

2020 JAN 28 PM 10:17

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

HIGH FREQUENCY YOGA + FITNESS 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 05/20/2019 and assigned Florida document number L19000134860

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

FILED  
2020 FEB 10 AM 8:55  
SECRETARY OF STATE  
ALLAHUSSEIN, LORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SARA SILVA

New Registered Office Address:

6161 MEMORIAL HWY, APT 1704, MAILBOX 114

*Enter Florida street address*

TAMPA

*City*

Florida

33615

*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

N/A

**AMBR = Authorized Member**

N/A

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A - REGISTERED AGENTS ADDRESS ONLY.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated Jan 29, 2020

  
Signature of a member or authorized representative of a member

SARA SILVA

Typed or printed name of signee