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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ALBERT PANTALEON		
		Name of Person	<del></del>
	PANTA YOGA AND WE	LLNESS CENTER, LLC	
		Firm/Company	<u> </u>
	7721 SW 136 AVEUE		
		Address	<del></del>
	MIAMI, FL 33183		
		City/State and Zip Code	<del></del>
	PANTA@PANTAWELLN		
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
ALBERT PANTALEON		305 216-9282	
Name of	Person	at () Area Code 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 Se		Street Address: Registration Sec	etion
Division of Co		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

## PANTA YOGA AND WELLNESS CENTER, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000190358	were filed on 07/24/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
PANTA WELLNESS, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		20 20
Enter new mailing address, if applicable:		. 0
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		展まり
		5 6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	<b>5</b> 1. 1	
<del></del>	, Floric	1a Zip Code
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S	I am familiar with and 5. Or, if this document is

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
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			□Change
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on effective date is listed ote: If the date insert	l, the date must be spec	cific and ea	annot be prio	or to date o	filing or mor	e than 90 da	ys after fi	ling.)	Pursuan vill not	it to 605. be listo	.020° ed as
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record specifies a dela is filed.	iyed effective date,	but not as	n effective (	time, at 1	2:01 a.m. or	the earlier	of: (b)	The	90th d	ay after	r the
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Typed or printed name of signee