## L20 0000 40316

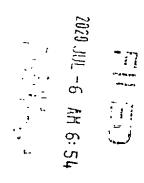
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AUG 1 7 2020 S. YOUNG

## **COVER LETTER**

TO:		istration Secti sion of Corpo				
SUBJEC		MARGA YO	GA, LLC			
30001	C1. ,		Name of Lim	ited Liability Company		
			nendment and fee(s) are sub	-		
			Amy Marie Vo, Esq.			
				Name of Person		<del></del>
			St. Johns Law Group			
			-	Firm/Company	<del>-</del>	
			104 Sea Grove Main Street	ι		
				Address		<del></del>
			St. Augustine, Florida 320	80		
			<del></del>	City/State and Zip Code	2	
			avo@sjlawgroup.com			
				to be used for future annua	il report notification	1)
For furth	ner int	formation con-	cerning this matter, please ca	all:		
Amy Ma	arie V	o'			95-0400	
		Name of P	erson	at () Area Code	Daytime Telep	phone Number
Enclosed	is a	check for the	following amount:			•
<b>■ \$25</b> .	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mail</u>	ing Address:		Street A	Address:	

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

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

Marga 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 02/11/2020 Florida document number L20000040316 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 "L.C." or the abbreviation "L.i.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 226 Lost Lake Drive Enter new mailing address, if applicable: St. Augustine, Florida 32086 (Mailing address MAY BE A POST OFFICE BOX) 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: 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 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
MGR	Feyhan Levine	226 Lost Lake Drive	□Add
		St. Augustine, Florida 32086	
			<b>■</b> Change
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. Effective date, if other than the (It an effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific and cannot be block does not meet the	applicable statutory	g or more than 90 days after filling requirements, this	filing.) Pursuant to 605 0207 (3)
the record specifies a delayed effectord is filed.	tive date, but not an effec	ctive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
Dated June 28	. 2020	<u> </u>		
	Signature of a member of	or authorized represen	tative of a member	<del></del>
Amy Marie Vo				

Filing Fee: \$25.00