

NR0000071332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

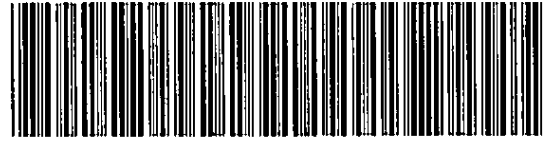
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NC

Office Use Only



200380076292

01/27/22--01018--013

01/27/22
JAN 27 PM 12:16
TAS

2-19-22

TAS

To Florida Department of State Division of Corporations:

TO: Registration Section

Division of Corporations

SUBJECT: (Name of the Limited Liability Company as it now appears on your records.) EXTRAORDINARY ORGANIZING, LLC

**Name of Limited Liability Company amend name change to
STELLAR MOTION YOGA, LLC**

Contact Information: Title AMBR

LEE, BRITTANY J

701 S Howard Ave #106388

TAMPA, FL 33606

Phone number: (813)-992-8818.

Thank you kindly in advance!

Highest Regards,

Lee, Brittany J

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXTRAORDINARY ORGANIZING, 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:

LEE, BRITTANY J

Name of Person
EXTRAORDINARY ORGANIZING, LLC

Firm/Company
701 S Howard Ave #106388

Address
TAMPA, FL 33606

City/State and Zip Code
brittlestellar@gmail.com

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

For further information concerning this matter, please call:

LEE, BRITTANY J 813 992-8818
_____ at () _____
Name of Person 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 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

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

EXTRAORDINARY ORGANIZING, 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 March 4th, 2020 and assigned Florida document number L20000071332.

This amendment is submitted to amend the following:

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

STELLAR MOTION YOGA, 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 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

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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2007 JAN 17 10:21 AM
AMBR
MGR
REMOVE
CHANGE
ADD

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

Multiple horizontal lines for amending information, with a vertical stamp on the right side that reads: 2021 JAN 27 PM 12:11 STATE SECRET (GRID)

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 January 24, 2022

Handwritten signature of Brittany J. Lee

Signature of a member or authorized representative of a member

LEE, BRITTANY J

Typed or printed name of signer