

L20 0000076169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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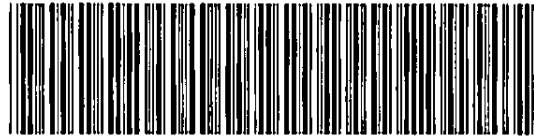
(Business Entity Name)

(Document Number)

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FEB 11 2021
S. YOUNG

2021 JAN -4 PM 6:10

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COVER LETTER

**TO: Registration Section
Division of Corporations**

NATURE COAST YOGA LLC

SUBJECT: _____
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:

MICHELLE GROVER

Name of Person

Firm/Company

15532 LAKE GRACE DRIVE

Address

ODESSA, FLORIDA 33556

City/State and Zip Code

SMJOHNSON1824@GMAIL.COM

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

For further information concerning this matter, please call:

STEPHANIE JOHNSON

813 417-8786

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

NATURE COAST 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 MARCH 8, 2020
Florida document number L20000076169

FILED
2021 JAN 14 PM 6:10

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)

15532 LAKE GRACE DRIVE

ODESSA, FLORIDA 33556

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:

STEPHANIE MICHELLE JOHNSON

New Registered Office Address:

15532 LAKE GRACE DRIVE

Enter Florida street address

ODESSA

City

Florida

33556

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>
AMBR	STEPHANIE MICHELLE JOHNSON	15532 LAKE GRACE DRIVE	<input checked="" type="checkbox"/> Add
		ODESSA, FLORIDA 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHELLE L GROVER LIVING TRUST, dated December 8, 2020 and any amendments thereto	15532 LAKE GRACE DRIVE	<input checked="" type="checkbox"/> Add
		ODESSA, FLORIDA 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE GROVER	15532 LAKE GRACE DRIVE	<input type="checkbox"/> Add
		ODESSA, FLORIDA 33556	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Dated December 29, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee