L21000219253

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SECRETARY OF STATE

COVER LETTER

ΓO:	Registration Se Division of Co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		unrise Yoga and Wellness LLC	.	* •			
SUBJEC		Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.				
ease re	eturn all corresp	ondence concerning this matter t	to the following:				
		Fabrizio Lengua					
			Name of Person				
		ZenBusiness INC.					
		-	Firm/Company				
		5511 Parkerest Dr. Suite 10	13				
			Address				
		Austin, TX 78731					
			City/State and Zip Code				
		fulfillment@zenbusiness.co	m o be used for future annual report n	atiliention			
6I			-	Hitcation /			
or turt	ier information (concerning this matter, please ca	H;				
Fabrizio	Lengua		512 237-7349 at ()				
	Name	of Person	at () Area Code Dayt	ime Telephone Number			
Enclosed	d is a check for t	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

FILED 2022 HAR -4 AM 8: 53

Through Sunrise Yoga and Wellness LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{2021-05-11}{1000}$ ___ and assigned Florida document number $\frac{L21000219253}{L21000219253}$ 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 "LLC." 301 W Platt St Enter new principal offices address, if applicable: A617 (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33606 301 W Platt St Enter new mailing address, if applicable: A617 (Mailing address MAY BE A POST OFFICE BOX) Tampa, FL 33606 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 ___

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Susan Rokosch		□Add
			□Remove
		301 W Platt St A617 Tampa, FL 33606	Change
			□Add
			□Remove
			☐Change
			Remove
			□Change
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			□Remove
		 	□Change
			□Add
		·····	□Remove
			□Change
			□Add
			Remove
			□Change

Page 2 of 3

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Effective date, if other than the date of filing:	*·····		
Effective date, if other than the date of filing: (optional) (iff 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 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. (the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. (Dated			
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Effective date, if other than the date of filing:			
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Dated 03/01 2022 /s/ Susan Rokosch Signature of a member or authorized representative of a member	Note: If the date inserted in this bl	ock does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (tutory filing requirements, this date will not be listed as t
/s/ Susan Rokosch Signature of a member or authorized representative of a member			ffective time, at $12:01$ a.m. on the earlier of:
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Page 3 of 3

Filing Fee: \$25.00