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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
		
Special Instructions to	Filing Officer:	
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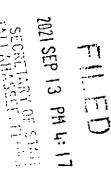




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COVER LETTER

TO: Registration Se Division of Cor		-		
	BES YOGA LLC			
SUBJECT:	Name of Lim	ited Liability Company	_	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
	indence concerning this matter			
	COLLINGWOOD, ASHL	EY E		
		Name of Person		
		Firm/Company		
	11320 NW 45TH PLACE			
		Address		
	SUNRISE, FL 33323			
	·	City/State and Zip Code		
	dantzypantz@yahoo.com	to be used for future annual report not		
For further information c	oncerning this matter, please c		mication)	
ASHLEY E COLLING	WOOD	954 609-3530 at ()		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration 5		<u>Street Address:</u> Registration So	ection	
Division of C		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 13 PH 4: 17

INNER VIBES YOGA LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) LAHASSEE. El timber (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/08/2021}{1}$ _____ and assigned Florida document number 1.21000312896 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) 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

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.

City

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
MGR	ASHLEY E COLLINGWOOD	11320 NW 45TH PL	=Add
		SUNRISE FL 33323	Remove
			□Change
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			Remove
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Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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 led.
	SEPTEMBER 9TH 2021
Dated	Jahly Killywood
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00