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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
CHAIRCE	Yogis Collection, LLC					
SUBJECT:		Name of Limit	ed Liability Company	,		
The enclosed	d Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return	all correspo	ndence concerning this matter to	the following:			
		Brittany Bianchi				
			Name of Person			_
		Yogis Collection, LLC				
			Firm/Company		· · · · · ·	-
		1045 Lenox Ave, #6				
		174111111111111111111111111111111111111	Address			-
		Miami Beach, FL 33139				
			City/State and Zip Co	de	·	
		-	16-6-	-1 	-dX	
For further in	nformation c			аал героге поппе	anon)	
Brittany Bia	nchi			366-4334		
	Name o	f Person	Area Code	Daytime '	Felephone Numbe	:F
Enclosed is	a check for th	ne following amount:	/			
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certific Certifie	ate of Status & d Copy
					ion	
Di	vision of C	Corporations	Divis	sion of Corp	orations	
						8 10
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Brittany Bianchi Name of Person Yogis Collection, LLC Firm/Company 1045 Lenox Ave, #6 Address Miami Beach, Fl. 33139 City/State and Zip Code bbianchi90@ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Bianchi Name of Person 1 510 366-4334 Area Code Daytime Telephone Number Enclosed is a check for the following amount:				310		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yogis Collection, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comparing the Liabilit	any were filed on February 24, 2023	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company here:		
Anomelite Enterprises, LLC			
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	202	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		S	
			 ≆ंत
Principal office address MUST BE A STREET ADDRESS)		2	
Enter new mailing address, if applicable:		and assigned ation "LLC" or the abbreviation "LLC." STORY	
(Mailing address MAY BE A POST OFFICE BOX)		_	<u>:::::::::::::::::::::::::::::::::::::</u>
		0	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name o	of the new regi	stered
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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Add
			□Remove
			□Change
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