

h22000213120

(Requestor's Name)

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(City/State/Zip/Phone #)

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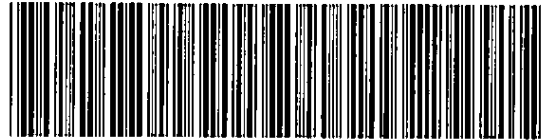
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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May 23, 2022

SENT VIA FEDERAL EXPRESS
TRACKING #7769 3295 8953

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: INSTILL STUDIO, LLC

To whom it may concern:

Enclosed please find the Articles of Amendment to the Articles of Incorporation of INSTILL STUDIO, LLC, and a check in the amount of \$25.00, representing the fees for the filing of the articles of amendment.

Should you have any questions regarding this transmittal, please do not hesitate to contact our office.

Best,

Madeline R. MacLean
Madeline R. MacLean

Enclosures: as noted

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

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INSTILL STUDIO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on May 5, 2022 and assigned
Florida document number L22000213120.

This amendment is submitted to amend the following:

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

GRO YOGA AND WELLNESS, 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 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

[illegible]

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

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SECRETARY OF STATE
TAL. AHASSE. F.

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 May 23

(Signature of a member or authorized representative of a member)

MARCY MASCARA, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00