L2200510867

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	MAR	THORNE TORNE

Office Use Only



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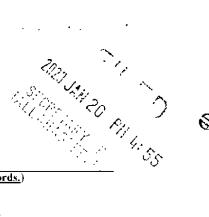
COVER LETTER

TO: Registration Section Division of Corpo		· · · · · · · · · · · · · · · · · · ·	· ·	
SUBJECT: Bell	aji Bliss LLC	ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subi	nitted for filing.		
Please return all correspond	lence concerning this matter (to the following:		
	Haya K	Selfaji Name of Person		
		Bliss LLC Firm/Company		
		e Blvd. Un		
	Mlami FT	33132 City/State and Zip Cod	le	
	haya. belt.	aji . Yoga @ gn	nail - Com al report notification)	
For further information con	cerning this matter, please ca	ill:		
Haya Bel	taji	at (<u>984</u>)_ Area Code	255 - 5824	
Name of P	erson	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is e		\$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**



Beltaii Bliss	LLC	
	Liability Company as it now appears on our records.)	

(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L2200051086</u>		/5/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Haya Bellaji Yoga LLC The new name must be distinguishable and contain the words "Limit		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	City	, Florida Zip Code
	V-113	Ly Conc

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

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
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(If an effi Note:	ve date, if other than the date of filing:
the record	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 ed.
Dated	December 30 2022
	December 30 . 2022 . Coya Bully Signature of a member or authorized representative of a member
	Haya Beltaji Typed or printed name of signee

Filing Fee: \$25.00