

L23 000 000 740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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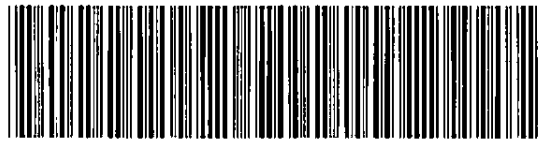
(Business Entity Name)

(Document Number)

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04/12/24--01015--027 **25.00

FILED
2024 APR 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE YOGA ROOM LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAKOTA SMITH
Name of Person

THE YOGA ROOM LLC
Firm/Company

3642 NE 171 ST APT 207
Address

NMB, FL 33160
City/State and Zip Code

THE YOGA ROOM LLC @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

FILED
2024 APR 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

DAKOTA SMITH at (305) 904 7479
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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**

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

The Articles of Organization for this Limited Liability Company were filed on 12/27/2022 and assigned Florida document number L23000000740.

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)

3642 NE 171 ST APT 207
NMB, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3642 NE 171 ST APT 207
NMB, FL 33160

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:

DAKOTA SMITH

New Registered Office Address:

3642 NE 171 ST APT 207

Enter Florida street address

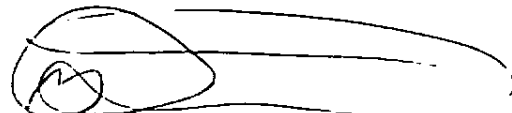
North Miami Beach, Florida 33160

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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAKOTA SMITH	3642 NE 171 ST APT 207	<input type="checkbox"/> Add
		NMB, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANNA SOPHIA PADUA	3642 NE 171 ST APT 207	<input type="checkbox"/> Add
		NMB, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 12 AM 11:00
 SECRETARY OF STATE
 TALLAHASSEE, FL


2024 APR 12 04:11:00
SECRETARY OF STATE
TALLahassee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 APR 12 AM 11:00

(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)

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 3/27/2024



Signature of a member or authorized representative of a member

DAKOTA SMITH

Typed or printed name of signee