L23000040407

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,
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2023 DEC 22 PH 4: 26 SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	Yin Home Yog	ga UC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ann A	Name of Person	
	Yin Hom	e Yoga LLC Firm/Company	
		Timb Company	~1
	3236 F	onn Blvd #1 Address	345 sec 33
		Address	REI REI
	Fort M	yers, FL 3390	2 2 2
		City/State and Zip Code	2
	Yinkomey E-mail address: (oga Damail. (om tobe used for future annual report noti	2023 DEC 22 PH 4: 26 SECRETANY SEC. F. TALLING SEC. F. T.
For further information c	oncerning this matter, please co	all:	***
Nama a	f Person	at ()	c Telephone Number
Name o	reison	Alta Code Dayum	e receptione realities
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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	<u>:S:</u>	Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yin Home You	ga LLC			
(Name of the Limited Liability Compal (A Florida Limited L	ny as it now appear iability Company)	rs on our records	<u>i.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23600040407</u>	were filed on	1/23		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the c	designation "LLC"	or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			<u>ဟ</u> :	70.7
(Principal office address MUST BE A STREET ADDRESS)			CRE TALL	
			<u>>最</u> 2点 2点	22 I
Enter new mailing address, if applicable:			7 (7)	
(Mailing address MAY BE A POST OFFICE BOX)			70.45 (1)	<u>x</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our r	records, <u>enter (</u>	the name of	the new register
Name of New Registered Agent:	Inn Alok	x55		
New Registered Office Address:	Enter Flo	rıda street address	 Y	
		, Flo	rida	
	City	·		Zıp 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>	Address	Type of Action
AMBR	Kimberly Pistchano	382 NE 1915+ St PMB 5046	14 □Add
		Miami, FL 33179	Kemove
			Change
MGR	Ann Adoess	382 NE 19167 St PMB 5041	MAdd MAdd
		Miami, FL 33179	□Remove
		SECRETA	Change DEC 2
		ARC OF STATE	Add PRemove 26
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tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be list
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day afte
filed.	, ,
December an anza	
December 20 2023	X
(1)	
Signature of a member or authorized represe	

Filing Fee: \$25.00