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A. RIVERS

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	enephew Duz Name of Limit	ted Lability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Denis	se M Hambric	k
	Dene	Pim/Company	oga_
	524 S	herwood Oaks D	<u></u>
	Orang	City/State and Zip Code	32073
	<u> Lenepheu</u> E-mail address: (t	o be used for future annual report not	ification)
	oncerning this matter, please ca		
Denise M	1 Hambrick	at (904) 524 Area Code Daytir	4-0293
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration So	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Denephew Duz	· Yoga LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 23000189129</u>	ompany were filed on Ap	11/17/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		283
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	·	- 2취 8
New Registered Office Address:	Enter Florida s	treet address
		Florida
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my gent as provided for in Chaj	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 124 Sharwood Oaks Dr	Type of Action
MGR_	Denise M Hambrick	524 Sherwood Oaks Dr Orange Park, FL 32073	DAdd
			□ Remove
			□Change
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	ecifies a delaye	d effective date	e, but not an	effective til	ne, at 12:01 a	m. on the ear	lier of: (b)	The 90th day a	fter the
is filed.									
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ated	May of	<u> </u>		2023	 ·				
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	May de Deni	Sign	ature of a men	nber or autho	rized represent	ative of a mem	per	<u> </u>	