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COVER LETTER

SUBJECT: 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: SACAN FLOCES Name of Person Firm/Company SACK CH. SHE New Address WINTHER PACK FL 32792 City/Space and Zip Code COCH B-mail address (to be used for faulter angula) report notification) For further information concerning this matter, please call: SACAN FLOCES Name of Person at (417) SB7 (377) Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{825.00}{2} \text{ Filing Fee} \text{ S55.00} \text{ Filing Fee} \text{ Certificate of Status} \text{ Certificate of Status} \text{ Certificate of Copy} \text{ radditional copy is enclosed)}	Division of Corporations
Please return all correspondence concerning this matter to the following: Sach FloreS Name of Person Firm/Company 5931 Brck + Steller Address Winter Park Flore City/State and Zip Code Contact & Youngawinter park. Com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Sach FloreS Name of Person at (40) S970379 Daytime Telephone Number Enclosed is a check for the following amount: \$\$\$25.00\$ Filing Fee \(\) \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	SUBJECT: WINTER PARK 406H LLC
Please return all correspondence concerning this matter to the following: Sach FloreS Name of Person Firm/Company 5931 Br. CK. Ct. Ste. Ilevo Address Winter Park FloreS City/State and Zip Code Cort and Tip Code Cort and Tip Code E-mail address (to be used for futher annual report notification) For further information concerning this matter, please call: Sach FloreS Name of Person at (40) Spread Top Daytime Telephone Number Enclosed is a check for the following amount: #\$225.00 Filing Fee Certificate of Status Certificate of Status & Certificed Copy (additional copy is enclosed)	
Firm/Company 5931 Br. CK Ct. Ste. Ilow Address Winter Park Fu 32192 City/State and Zip Code Contact Buyor and Jip Code Contact Buyor and Jip Code E-mail address? (to be used for further annual report notification) For further information concerning this matter, please call: Sach Flores at 411 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{525.00}{225.00}\$ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy) is enclosed) Certified Copy	The enclosed Articles of Amendment and fee(s) are submitted for filing.
Firm/Company 5931 BCCKC+. Steller Address White Park Fu32193 City/State and Zip Code Contact Quanting Code E-mail address: (to be used for further annual report notification) For further information concerning this matter, please call: Sach Flores at (40), Sp76379 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\fema{\text{S25.00 Filing Fee}} \square \text{S30.00 Filing Fee} \text{Certified Copy}	Please return all correspondence concerning this matter to the following:
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Address When the Park F 3279 A City/State and Zip Code Control Park F 3279 A Company of Person For further information concerning this matter, please call: Sach F 10 P at (41) S976379 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Opy (additional copy is enclosed)	Firm/Company
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Sach Flores at (41) 597637 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$\	Contact@yogawinterpark. Con
Enclosed is a check for the following amount: S25.00 Filing Fee	For further information concerning this matter, please call:
\$\ \text{S25.00 Filing Fee} \text{S30.00 Filing Fee & } \text{S55.00 Filing Fee & } \text{S60.00 Filing Fee, } \\ \text{Certificate of Status} \text{Certified Copy } \\ \text{(additional copy is enclosed)} \text{Certified Copy} Certified Co	Sach Flores at (417) 5976370 Name of Person Area Code Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:
	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

TO:

Registration Section

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
Articles of Organization for this Limited Liability Company were filed on $\frac{7/1/33}{L33000393603}$ and assigned rida document number $\frac{L33000393603}{L33000393603}$
s amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS)
er new mailing address, if applicable: <u>illing address MAY BE A POST OFFICE BOX)</u>
If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> nt and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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

Title Type of Action <u>Name</u> **Address** AMBR Law OFFICE OF SOROH E. Flores, PA. 5931 Brich Ct. Ste. 166 Skemove Winter Park [32192 Ochange □Change _____ □Remove

_____ □Change

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(If an et Note:	tive date, if other than the date of filing:
If the reco record is f	rd 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 iled.
Dated	Docember 13,2023 Inoly E. F. Ones
	Signature of a member of authorized representative of a member
	Sarah E Flores