

L23000421781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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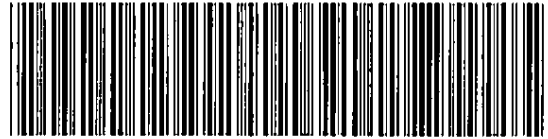
(Business Entity Name)

(Document Number)

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11/03/23--01029--014 \*\*25.00

11/03/23 11:17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CEREMONY YOGA CENTER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Bouche

Name of Person

CEREMONY YOGA CENTER LLC

Firm, Company

500 E 10th Ave N., Apt. 9015

Address

St. Petersburg, FL 33710

City, State and Zip Code

marybouch@earthlink.net

E-mail Address (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Vender

Name of Person

813-570-4441/490849

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  
(if original copy is enclosed)

☐ \$60.00 Filing Fee  
Certificate of Status &  
Certified Copy  
(if original 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**

• CEREMONY YOGA CENTER 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 09/11/2023 and assigned Florida document number L2300042178.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

*The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," the abbreviation "L.L.C."*

**Enter new principal offices address, if applicable:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida zip code*

Florida

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**



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

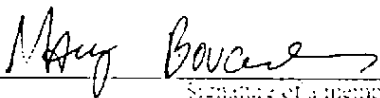
I. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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. (See manual to § 6-207 of Regs.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirement, the date will not be listed as the document's effective date on the Department of State's record.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of (b). The 90th day after the record is filed.

Dated: October 26, 2013



Signature of a member or authorized representative of a member

Mary Boucsein

Typed or printed name of signer