L24 000 299 984

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700434169277

08/05/24--01063--012 **25.00

24413-5 812:01

COVER LETTER

Tallahassee, FL 32314

TO:	Registration So Division of Co				
CUD IE	Yin and Ya	ang Retreat Experience	С		
SUBJE	u:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Judy Smith			
			Name of Person	-	
		Yin and Yang Retreat Experience LLC			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		377 First Street			
			Address		
		Atlantic Beach, Florida 32	233		
			City/State and Zip Code		
		judyfalcon134@aol.com			
			to be used for future annual report noti-	fication)	
For furth	her information of	concerning this matter, please co	all:		
Judy Smith			216 287-2829 at ()		
Name of Person		of Person	Area Code Daytim	e Telephone Number	
Enclosed	d is a check for t	he 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 Addre		Street Address: Registration Sec	ction	
Registration Section Division of Corporations			Division of Cor		
	P.O. Box 632	-	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yin and Yang Retreat Experience LLC								
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)							
The Articles of Organization for this Limited Liability Company were filed or lorida document number 124 000 299 984	n 07032024 and assigned							
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liability compan	ı <u>y here</u> :							
he 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)								
	ان .							
Inter new mailing address, if applicable:	전기							
	9							
Mailing address MAY BE A POST OFFICE BOX)								
3. If amending the registered agent and/or registered office address on o gent and/or the new registered office address here:	ur records, <u>enter the name of the new regist</u>							
Name of New Registered Agent:								
New Registered Office Address:	r Florida street address							
c.nie	r Francia Sirver adarem							
	, 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 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>	Name	Address	Type of Action
MGR	Susan Kniseley-Foy	1863 Second Street Jacksonville, Florida 32250	🗆 Add
			Remove
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change

- 		· · ·			
	·		····		···
					
 					
			. = =		
	· · · · · · · · · · · · · · · · · · ·				
 					
 	·····			<u>-</u>	_
					<u>. </u>
				_	
Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the	te must be specific and cannonis block does not meet t	ot be prior to date o he applicable sta	of filing or more than	90 days after filu	ig.) Pursuant to 605.02
			201	arlier of: (b)	T 00.1 1 0 .1
	fective date, but not an ef	Tective time, at 1	2:01 a.m. on the e	arner or. (b)	The 90th day after th
rd is filed.	20	24	2:01 a.m. on the e	arner or. (b)	The 90th day after th
e record specifies a delayed eff rd is filed. Dated 07-30		24 	h		The 90th day after th
rd is filed.	20	24 	h		The 90th day after tr

Filing Fee: \$25.00