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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

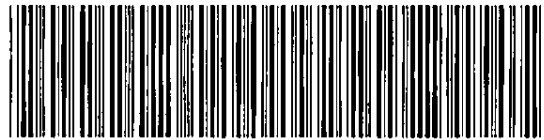
(Business Entity Name)

(Document Number)

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STATE
SECRET

PM 5:29

08/21/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ardin Yoga LLC

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:

Jennifer A Gomez

Name of Person

Firm/Company

600 91st street

Address

surfside fl 33154

City/State and Zip Code

jenagomezing@gmail.com

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

For further information concerning this matter, please call:

jennifer A Gomez

305

726 5180

at (_____) _____

Name of Person

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
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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2024-10-21 PM 5:29
CLERK OF STATE
TALLAHASSEE, FL

2024-10-21 PM 5:29
FLORIDA STATE
UNIVERSITY, FL

08/14/2024

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

Dated August 14, 2024


Signature of a member or authorized representative of a member

jennifer A Gomez
Typed or printed name of signer