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COVER LETTER

TO: Registration S Division of Co					
Ardin Yog	sa LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Jennifer A Gomez				
		Name of Person			
		Firm/Company			
	600 91st street		= 1 1 a+3 2	7:: .5 r.a	
	surfside fl 33154	Address	ა. ე თე ოკი ლა	2. ⊒: -6	
	jenagomezing@gmail.com	City/State and Zip Code	JAIR JAIR	: 29	
For further information of	E-mail address: concerning this matter, please of	(to be used for future annual report noti	fication)		
jennifer A Gomez	someoning this matter, prease c	305 726 5180			
Name o	of Person	at ()	e Telephone Number		
Enclosed 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)	S60.00 Filin Certificate Certified C (additional co	of Stat	tus &
Mailing Addres		Street Address: Registration Sec	etion		
Division of C	Corporations	Division of Cor			
P.O. Box 632		The Centre of T	allahassee		
Tallahassee.	FL 32314	2415 N. Monro	Street Suite 810	<u>ገ</u>	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ardin Yoga LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	ns it now appears on our records.)	
he Articles of Organization for this Limited Liability Company werlorida document number 1.24000334110	re filed on July 29, 2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	y company here:	
ARDEN STUDIO LLC		
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	 	
_		(5)
		<u></u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>.:</u> 3
_		
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3. If amending the registered agent and/or registered office add	ress on our records, enter the name	of the new regis
gent and/or the new registered office address here:	m	ف
Name of New Registered Agent:		
New Registered Office Address:		. ·· <u></u>
	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 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	<u>Address</u>	Type of Action
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			□Remove
			□Change
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	08/14/2024			
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te: If the date inserted in this bl	ock does not meet the applica			
ument's effective date on the D	epartment of State's records.			
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cord specifies a delayed effectives filed.				
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