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SEUREJARY OF STATE
ANI AHASSEE EI MARA

J. SAULSBERRY EXAMINER

AUG 6 2012

COVER LETTER

TO:

TO:	Registration Se Division of Cor	ection porations		
SUBJECT: YOUJOOMLA, LLC				
SUBJI	EC1		ed Liability Company	**
The en	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	to the following:	
		DF	RAGAN TODOROVIC	
			Name of Person	
YOUJOOMLA, LLC				
			Firm/Company	
	2615 WEST GRAND RESERVE CIRCLE #339		339	
			Address	F4 2
		CLE	ARWATER, FL 33759	2012 AUG
			City/State and Zip Code	S S
	YOUJOOMLALLC@GMAIL.COM		التا مهد الما	
	1. MART # 34 %	pulsing made control of the second control of the c	o be used for future annual report notification	
For fu	rther information	concerning this matter, please ca	all:	AN 89 52 OF STATE E. FLORIDA
	DRAG	AN TODOROVIC	at (727) 455	5-3496
	Name	of Person	Area Code & Daytime Tel	ephone Number
	,	•	,	
Enclo	sed is a check for	the following amount:		
₽ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	· []\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited	YOUJOOMLA, L	LC				
(Name of the <u>climited</u> (A	Liability Company as it no Florida Limited Liability C	ompany)	n our records.)			
The Articles of Organization for this Limited Liability Company were filed on9/2				and assign	and assigned	
Florida document numberL07000097						
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liability com	pany here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabil	ity Company,	" the designation	7	reviation	
Enter new principal offices address, if applica-	able:		····	AAE S		
(Principal office address MUST BE A STREE			-3 SSE	1		
Enter now weiling address if an licely.				OF STATE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			<u> </u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address here:	ress on our	records, enter	the name of	the new	
Name of New Registered Agent:	JOSEPH P. BLOOK	M				
New Registered Office Address:	1571 BASS BLVD.					
	Enter Florida street address					
DUNEDIN City		IN	, Florida _	34698		
			_	Zip Code		
New Registered Agent's Signature, if changing F	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby ponting that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> MGR SONJA TODOROVIC 2615 WEST GRAND RESERVE #339 P Add CLEARWATER, FL 33759 Remove ☐ Add Remove \square Add ☐ Remove □ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00