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OCT 8 2010 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SLIM YOGURT & MORE (Name of Limited	Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
BETSY EXPOSITO	
(Contact Person)	
SLIM YOGURT & MORE LLC	
(Firm/Company)	
1032 SW 124 +h	Court.
MIAMI FL 33/84 (City/State and Zip Code)	<u> </u>
For further information concerning this matter,	please call:
George Rodriguez at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Evecutive Center Circle	Tallahassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

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

FILED

2010 OCT -7 PM # 56

SLIM (Name of the Limited Limi	YOGURT & MOR iability Company as it nov lorida Limited Liability Co	RE LLC. w appears on our recormpany)	JSECREJARY OF STATE ds. J ALCAHASSEE, FLORIDA
The Articles of Organization for this Limited Liab Florida document numberL100000036		on JANUARY 8	, 2010 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability comp	any here:	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liabilit	y Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET.	ADDRESS)	<u> </u>	
			<u> </u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		ess on our records, g	enter the name of the new
Name of New Registered Agent:	Leonor	Kou Koc	1
New Registered Office Address:	1032 SW	24 Uh Enter Florida str	Cocycl. eet address
	MAMY City	, Flor	ida <u>33/84</u> Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 pddress, I hereby confirm that the limited hability company has been notified in writing of this change.

If Changing Degistered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member **Title** Name | **Address** Type of Action MGR **BETSY EXPOSITO** 1032 SW 124TH COURT ☐ Add Remove MIAMI FL 33184 ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏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 yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00