L10000047183

(Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2010 SEP - 7 PM 3: 20
SEANCTARY OF STATE

COVER LETTER

'TO: Registration S Division of Co				
SUBJECT: Yogi 18, LLC				
SUBJECT:		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Moyra Glynn Name of Person		
	-	Yogi 18, LLC		2018 SEP SEBACTA
		Firm/Company		SEP -
	3641 W. Kennedy Blvd., Suite A			TARY OF S
		Address		FE'S TO
		Tampa, FL 33609		PM 3: 20
		City/State and Zip Code		
	E-mail address: (moyra@icisc.com to be used for future annual repor	t notification)	
For further information	concerning this matter, please of	call:		
	Moyra Glynn of Person	at (<u>813</u>) Area Code & D	353-2220 Daytime Telephone Numb	 er
Enclosed is a check for	_			
 ✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)
Regis	LING ADDRESS: stration Section	Registration		
P.O. 1	ion of Corporations Box 6327	Division of Corporations Clifton Building		
Talla	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

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

	Yogi 18, LLC			
(Name of the Limited Lin (A Flo	ability Company as it now appear orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabi	lity Company were filed on	05/03/2010	and assigned	
Florida document numberL1000004718				
This amendment is submitted to amend the followi	ng:		-	
A. If amending name, enter the new name of th	e limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicabl	e:		S	
(Principal office address MUST BE A STREET A	ADDRESS)			
		<u>tı</u>	* ±	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	A	74 (SE)	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
		, Florida		
-	City	, =	Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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 confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 Address Type of Action Title <u>Name</u> MGRM Cliff Levy ✓ Add Remove 3641 W. Kennedy Blvd. Suite A Tampa, FL 33609 ☐ Add Remove ☐ Add ☐ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AWG. Dated ____ Signature of a member or authorized representative of a member Jaclyn Levy
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00