Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000070528 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Ema	•	Address:
Сица	_	 MINITERS:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YUP ORGANIC FROZEN YOGURT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

02/03/2032 03:37

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 / 4 U U U U U / U 5 2 8 2014 MAR 24 AN 9: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

YUP ORGANIC FROZEN	1 YOGURT	110
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	THEOREM.
The Articles of Organization for this Limited Liability Company Florida document number 4100000 98383	y were filed on <u>09/</u> 2	21/2010 and assigned
This amendment is submitted to amend the following:		. '
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited List	bility Company," the designar	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	260 C. Suite MIAMi	EANDON BLYD #13 FL 33149
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	ı address
		Florida
 -	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

02/03/2032 It amending Authorized	03:37 the Managers or Authorized Member o Member being added or removed from o	#1003 P. 003/004 or Authorized Member on our records; enter the title, mante, and address of each Manager or added or removed, from our records:	
MGR = MA	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	ROBERTO SOTILLET		DAdd
·	₹		Remove
			D Add
			□ Remove
,			
			☐ Remove
			Remov e
	·		_
			D Add
			Remove
	. •		
			D Add

Page 2 of 3 H 1 4 0 0 0 0 7 0 5 2 8 _□ Remove

	THE	OULY	MGRM	is	108 0 74	المتخل	
	los.	Alio					
							
		•			·—· · · <u>-</u>		
ic effecti	ve date must be	er than the dat specific, cannot be filed by the Florida	te of filing: prior to date of receip Department of State)	pt or filed date	and cannot be more th	(optional) an 90 days after	
ited.						•	

Page 3 of 3

Filing Fee: \$25.00

FILED 2011 MAR 24 M. 9: 13 SECVELLARISEE, FLORIDA