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B. BOSTICK
DEC 1 9 2012
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: yogi liquor warehouse of leesburg llc

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMIT R PATEL

Name of Person

Firm/Company

11205 MARINA BAY RD

Address

WELLINGTON FL 33449

City/State and Zip Code

PATELIHOP@MAC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMIT R PATEL

561,358 2910

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

YOGI LIQUOR WAREHOUSE OF LEESBURG LLC

(Name of the Limited Liability Company as it now appears on our

(A Florida	Limited Liability Company)	ii our records.	
The Articles of Organization for this Limited Liability of Florida document number <u>L10000121906</u>	Company were filed on08/30	/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the wc "L.L.C."	ords "Limited Liability Company,	" the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	·		<u>吊 -n ·</u>
(Principal office address MUST BE A STREET ADD	RESS)		Silvania Silvania
t.	· <u></u>		<u> </u>
Enter new mailing address, if applicable:		. Se	ယ္ —
(Mailing address MAY BE A POST OFFICE BOX)	e esting as timby a sugar a	A	· ∞
		I.v.	
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B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the n	name of the new
The diagram of New Registered Agent:			
New Registered Office Address:			
		Florida street address	
	, Cr fic .		north Chang S
	City	, Florida Zi	ip Code
New Registered Agent's Signature, if changing Registere	·		
New Registered Agent's Signature, it changing Register	ed Agent:		
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	nd complete performance of a agent as provided for in Chap ared office address, I hereby co	my duties, and I am fo oter 608, F.S. Or, if th	umiliar with and is document is
	If Changing Registered Agent,	Signature of New Register	ed Agent

Page 1 of 3

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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:

respectively. Contract of the rest of the Box of the Admin

MGR = Manager MGRM = Managing Member

<u>Title</u> MGRM	Name AMIT R PATEL	Address T 11205 MARINA BAY RD	vpe of Action
		WELLINGTON FL 33449	
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