

L11 000020905

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H11000116536 3)))



H110001165363ABCY

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 : MATTHEWS & HAWKINS, P.A.
Account Number : I19990000039
Phone : (850) 837-3662
Fax Number : (850) 654-1634

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 28 AM 8:24

FILED

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CANDYMAKER FROZEN YOGURT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
11 APR 28 AM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
APR 29 2011
EXAMINER

11111111

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Candymaker Frozen Yogurt, 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:

Felicia Henderson
Name of Person

Matthews Jones & Hawkins, LLP
Firm/Company

4475 Legendary Drive
Address

Destin, Florida 32541
City/State and Zip Code

fhenderson@destinlaw.com
E-mail address: (to be used for future annual report notification)

FILED
 2011 APR 28 AM 8:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Felicia Henderson at (850) 837-3662
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**

Candymaker Frozen Yogurt, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/17/2011 and assigned
Florida document number L11000020905.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Four Way Stop, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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)

FILED
2011 APR 28 AM 9:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: John W. Hawkins, Esq.

New Registered Office Address: 4475 Legendary Drive
Enter Florida street address

Destin, Florida 32541
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 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.

(Signature)
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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas Ehlike	POST OFFICE BOX 1234 SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joyce L. Ehlike	POST OFFICE BOX 1234 SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 APR 28 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated April 27, 2011



Signature of a member or authorized representative of a member
John W. Matthews as authorized representative

(Typed or printed name of signer)