

L1100059623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

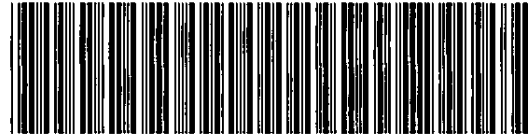
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900239522209

09/13/12--01013--010 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT - 9 AM 10:49

OCT 10 2012

T. HAMPTON

*incomplete*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAB Frozen Must, 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:

MEHRAZ RAHIMI - BADIEE  
Name of Person

You Say When Yogurt Shoppe  
Firm/Company

8366 Market ST  
Address

Lakewood Ranch, FL 34202  
City/State and Zip Code

yswyogurtlakewoodranch@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEHRAZ RAHIMI - BADIEE at (941) 373-6565  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
(Already paid)
- ☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 OCT -9 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 14, 2012

YOU SAY WHEN YOGURT SHOPPE  
MEHRAZ RAHIMI-BADIEE  
8366 MARKET ST.  
LAKEWOOD RANCH, FL 34202

SUBJECT: PAB FROZEN MUST LLC  
Ref. Number: L11000059623

We have received your document for PAB FROZEN MUST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is an amendment form for your convenience. Please complete this form and return the complete form to our office along with a copy of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 212A00023202

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -9 AM 10:49

PAB Frozen Must, 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 06-07-2011 and assigned

Florida document number 45-247193  
21100059623

This amendment is submitted to amend the following:

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

See pg. 2 of 2

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

See pg. 2 of 2

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

See pg. 2 of 2

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:

New Registered Office Address:

Enter Florida street 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 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

Title	Name	Address	Type of Action
MGRM	MEHRAZ RAHIMI-BADIEE	4923 23 <sup>rd</sup> ST E Bradenton, FL 34203	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		change title to MGR	
MGRM	ABRAHAM ALONSO	4923 23 <sup>rd</sup> ST E Bradenton, FL 34203	<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

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

The titles of two above persons should change from  
MGRM to MGR

Dated Oct. 2, 2012

Mehraz Rahimi-Badiee  
Signature of a member or authorized representative of a member

MEHRAZ RAHIMI-BADIEE  
Typed or printed name of signee

12 OCT - 9 AM 10:49

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS