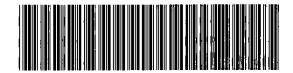
## # 11000069718

(Re	questor's Name)					
(Address)						
(Ad	dress)	<del>.</del> . <u>-</u>				
(Cit	y/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

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K. SALY EXAMINER OCT 11 2011



September 20, 2011

YOGURMET FRANCHISING LLC JOSE VILLALOBOS 3434 W 84TH ST., BAY 106 HIALEAH, FL 33018

SUBJECT: YOGURMET FRANCHISING LLC

Ref. Number: L11000069718

We have received your document for YOGURMET FRANCHISING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 611A00021717

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJECT: YOGURMET FRANCHISING,LLC							
Name of Limited Liability Company							
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
JOSEVILLALOBOS  Name of Person			····				
			Name of Person				
YOGL			RMET FRANCHISING,L	LC ,			
Firm/Company							
3			826 SW 170 AVENUE				
			Address				
MIRAMAR, FL 33027							
City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)						
For fur	ther information	concerning this matter, please of	•	•			
	RICA	ARDO CASADO	at ( 305 )	968-4008			
	Name	of Person		time Telephone Number			
Enclose	ed is a check for	the following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$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/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 OCT 11 PM 2:55 REVOLUMENT CENTRE

YOGO 2 TET FRENCHISING LLC FALLABASSEE, FLGRIDA

(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 I	iability Company	were filed on	FLORIDA	and assigned
Florida document numberL1100006	9718			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
	N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limit	ed Liability Company	," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	<del>-</del>	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A	,	
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and			records, enter t	he name of the new
registered agent and/or the new registered o	ffice address here	•		
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter	Florida street addi	ress
			, Florida	7: . C . 1.
		Citv		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 JOSE VILLALOBOS 3826 SW 170 AVENUE ☐ Add MIRAMAR, FL 33027 √ Remove MGRM MILAGROS J DE VILLALO 3826 SW 170 AVENUE ☐ Add Remove MIRAMAR, FL 33027 Breidbar 2066rh MGRM 2315 NW 107 AVENUE SUITE IM 39 ✓ Add TECH IMPESTMENT, IME BOX 65 DORAL FL 33172 □ Remove Florida +=brice 8 Gupplies, INC MGRM 3434 W 84TH ST BAY 106\_ **✓** Add HIALEAH, FL 33018 Remove ∏Add Remove  $\square$ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) HI2 or1 Dated Signature of a member or authorized representative of a member MGRM

Page 2 of 2

**Filing Fee: \$25.00** 

Typed or printed name of signee