Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : G & A ACCOUNTING AND TAXES SERVICES, INC.

Account Number: 120120000033

Phone : (305)801-5394

: (786)231-5720

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOGURMET FRANCHISING LLC

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Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited		ny as it now appears on our records.) .tability Company)		
The Articles of Organization for this Limited Li. Florida document number L11000069718			and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited ligh	oility company here:		
N/A				
The new name must be distinguishable and end with "L.L.C."	the words "Lim.	ited Liability Company," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applica	ible:	3434 W 84 ST UNIT 106	γ.* .	
(Principal office address MUST BE A STREE	(ADDRESS)	HIALEAH GARDEN, FL 33018	<u>→</u>	
-				
Enter new mailing address, if applicable:		3434 W 84 ST UNIT 106	## 3 yes	
(Mailing address MAY BE A POST OFFICE BOX)		HIALEAH GARDEN , FL 33018	िंद्य अस् सम्बद्ध	
			73 56 OO 350FF	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered of ice address her	fice address on our records, <u>enter the</u>	nhare of the new	
Name of New Registered Agent:	N/A			
Hame of New Registered Agent.			·	
New Registered Office Address:		Product Films of the state of the		
		Enter Florida street address		
		, Florida	Por Conde	
		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

MGR = Manager

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:

MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
MGRM	RL GLOBAL SUPPLY TECH INVESTMENT INC	2315 NW 107 AVE, STE. IM 39, BOX	Add Add	
·	•	DORAL FL 33172	Remove	
		Add		
			Remove	
			Add	
		Kemawe		
			STP 30	
		Add Remove		
			30 A	
			Add	
		Remove		
			- □	
		\$100,000,000,000,000,000,000,000,000,000	Add	
		W	Remove	

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
Dated _	09-30-2013.
	Signature of a member or authorized representative of a member
	* JOSE VILLALOGOS
	Typed or printed name of signee
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