## L120000022802

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SECRETARY OF STATE

D. BRUCE
DEC 27 2012
EXAMINER

## COVER LETTER

Division of Corpo	orations		
SUBJECT: YUM	Rame of Limit	HOUNGS UC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	SNEHA P	ATEL	
		Name of Person	
	YOM & CHILL	AL CRC HALLINGS LLC	
	70101 4 0.1100	Firm/Company	
	1822 N. BELCH	IER AD - SUITE 100	
		Address	20
	CLEARWATER	. H. 33765	2012 DEC 26 SECRETARY FALLAHASS
	CLEARWATER		7 C 2
	SNEHAP@C	DNDD. COM o be used for future annual report notificati	LA1
	E-mail address: (t	o be used for future annual report notificati	-r1 "11 "_\$
For further information co	ncerning this matter, please ca	all:	FLORIG
VIK PATEL		at (908) 304 - 2857	
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	e 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

TO:

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

(Name of the Limited (A	Liability Company as it n Florida Limited Liability C	ow appears on our records Company)	<u>.)</u>
The Articles of Organization for this Limited Li Florida document numberLIZOOO2229	ability Company were file	ed on 2   16   12	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability con	npany here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabi	lity Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		7.0. 23
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		C 26 PH L: 34  RASSEE FLORIOA
B. If amending the registered agent and/ registered agent and/or the new registered of		dress on our records, <u>er</u>	nter the name of the nev
Name of New Registered Agent:	SNEHA PATEL		
New Registered Office Address:	1822 N. BELCHE	L LOAD - SUITE  Enter Florida stree	
	CLEARWATER		1a 33765
	City	- , FIORC	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	VIKALP PATEL	1822 N. BELCHER ROAD - SUITE I	Add Add
		CLEARWATER, FL 33765	Remove
MALAN	SANTAY PATEL	1812 N. BELCHER ROAD-SUITE	
		CLEAKWATER, FL 33765	Remove
MERM	RUPAL PATEL	153 WASHINGTON VALLEY ROAD	Add
		SUITE 104, WARREN, NT 0705	<b>9</b> Remove
MGRM	SHITAL PATEL	1822 N. BELCHER RAD-SUITE	<b>LØO</b> ✓ Add
		CLEARWATER, FL 33765	Remove
			Add
		A LAHA	Remove 28 2050 28
		Signature English	Add.
		LORIDA	Remove

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Filing Fee: \$25.00

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