

L120000/39725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

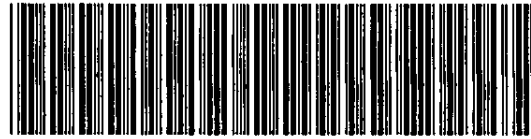
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 10 PM 2 29

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COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: URBANA 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:

Pam Potts
Name of Person

URBANA YOGURT, LLC
Firm/Company

1901 N 1st St, Suite 601
Address

JACKSONVILLE BEACH, FL 32250
City/State and Zip Code

RIVMAN@CLEARWIRE.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Potts at 904 434-8401
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2012 DEC 10 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

URBANA 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 11-5-12 and assigned
Florida document number L20000139725

This amendment is submitted to amend the following:

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

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)

PAMELA Potts
311 N 3rd St, Suite 104
JACKSONVILLE Bch, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1901 N 1st St, Suite 601
JACKSONVILLE Bch, FL 32250

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:

PAM Potts

New Registered Office Address:

1901 N 1st St, Suite 601

Enter Florida street address

JACKSONVILLE BEACH, Florida 32250
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.

Pam Potts
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
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MGR ^{GRRM}	PAM Potts	311 N 3 rd St, Suite 104	<input checked="" type="checkbox"/> Add
		JAX Bch, FL 32250	<input type="checkbox"/> Remove

MGR ^{GRR}	BRYAN BURLINGAME	1901 N 1 st St 601	<input type="checkbox"/> Add
		JAX Bch, FL 32250	<input checked="" type="checkbox"/> Remove

MGRM	DANE LUCAS	1901 N 1 st St 601	<input type="checkbox"/> Add
		JAX Bch, FL 32250	<input checked="" type="checkbox"/> Remove

REG AGENT	DANE LUCAS	1901 N 1 st St, Suite 601	<input type="checkbox"/> Add
		JAX Bch, FL 32250	<input checked="" 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.)

Dated 12-6-12, _____.



Signature of a member or authorized representative of a member

DAVE LUKENS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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