2 Florida partner Corporations 5373

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLANCHARD, MERRIAM, ADEL & KIRKIAND P. ATAMACOUNT Number : 120000000117
Phone : (352)732-7218
Fax Number : (352)732-0017

**Enter the email address for this business entity to be used for futural annual report mailings. Enter only one email address please The State of the State of

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIKI ISLAND YOGURT, LLC

Certificate of Status

Certified Copy

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tiki Island 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:

Jose H. Cortes, Jr., Esq.

Name of Person

Blanchard, Merriam, Adel & Kirkland, P.A.

Firm/Company

P.O. Box 1869

Address

Ocala, FL 34478-1869

City/State and Zip Code

JCortes@BMAKLaw.Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri L. Witherspoon

Name of Person

,352,732-7218

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Cl\$55.00 Filing Fee &
Centified Copy
(additional copy is enclosed)

U\$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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records Liability Company)	
y were filed on 11/16/2012	and assigned
bility company here:	
ited Liability Company," the designation	on "LLC" or the abbreviation
4962 SE 35 Avenue	
Ocala, FL 34480-8417	
4962 SE 35 Avenue	2013 2
Ocala, FL 34480-8417	No. No. of the second s
ffice address on our records, <u>ent</u> <u>e</u> :	er the name of the ner
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Entar Florido street	nddrass
City	Zıp Code
	4962 SE 35 Avenue Ocala, FL 34480-8417 4962 SE 35 Avenue Ocala, FL 34480-8417 Mice address on our records, entre: Enter Florida street

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

Page 1 of 3

(((13000258101 3)))

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 <u>Address</u> Type of Action MGR 3562 SW 24 Avenue Road Christopher M. Peltier Ocala, FL 34471-7712 Jenny M. Rohr 3562 SW 24 Avenue Road MGR Ocala, FL 34471-7712 Joel E. Leonard 4962 SE 35 Avenue MGR Ocala, FL 34480-8417 Ersilia F. Leonard 4962 SE 35 Avenue MGR Ocala, FL 34480-8417

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D. If amea	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated NO	ember 1
	Signature of a member or authorized representative of a member
	<u>-</u>
	Ersilia F. Leonard, Manager
	Typed or printed name of signee

Page 3 of 3
Fiting Fee: \$25.00

PIL MOV 21 AM II: 27

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