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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: CAL Yogu(+ LLC (Name of Limited Liability Company) |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| Charles A. Laux (Contact Person) |
| CAL YOJUH LLC (Firm/Company) |
| 144 Palerno Pl (Address) |
| Lady Lake FL 32159 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Charles A Laux at (352) 459-1974 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\subset}\$ \$\\$25 \text{Filing Fee} \text{ Certified Copy}\$ |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building RAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LAL | yoguit LLC | |
|---|---|--|
| (<u>Name of the Limite</u> | I Liability Company as it now appears on ou A Florida Limited Liability Company) | <u>r_records.</u>) |
| The Articles of Organization for this Limited Lia Florida document number <u>413000</u> 19 | | and assigned |
| This amendment is submitted to amend the follo | ving: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Company," the designati | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | 500 |
| Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE E | <i>OX</i>) | 7.00 |
| | | 33 E |
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| 3. If amending the registered agent and/o | | records, enter the name of the r |
| | | |
| Name of New Registered Agent: | Andrew R. Laux | |
| New Registered Office Address: | | |
| | Enter Florida stre | et address |
| | | Florida |
| | City | Zip Code |

New Registered Agent's Signature, it 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBR = Aut | horized Member | | |
|---------------|-----------------|--------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR Manage | Charles A. Laux | 144 Palermo Pl | □ Add |
| , | | 144 Palermo Pl Lady Lake FL 32159 | Remove |
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