L150000 87788

•
(Requestor's Name)
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,
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2015 JUL 16 PM 2: 41

COVER LETTER

то:	Registration Sec Division of Corp			
CHDIE	YOGHURT	BEACH, LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	to the following:	
		LISE WOSICK	·	
			Name of Person	
		YOGHURT BEACH, LLC	:	
			Firm/Company	
		20717 79th Ave E		
			Address	
		Bradenton, FL 34202		
	i	 	City/State and Zip Code	
			o be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	ıtl:	
LISE V	VOSICK		530 249-5634 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 JUL 16 PM 2: 44 SECULTARY OF STATE FALLAHASSEL, FLORIDA

YOGHURT BEACH, LLC		
(Name of the Limited Lial (A Flor	pility Company as it now appears on our records.) Inda Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L15000087788</u>		and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
YOGURT BEACH, LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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 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 = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
			□ Remove	
			☐ Change	
			□ Add	
			☐ Remove	
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f an effective <u>Note:</u> If the	e date is listed, the date must be s	of filing:ecific and cannot be prior to date of filing or more ones not meet the applicable statutory filing rement of State's records.	than 90 days after filing.) Pursuant to 605.0207	(3)(b) the
	specifies a delayed eff h day after the record	ective date, but not an effective times filed.	e, at 12:01 a.m. on the earlier of	` :
Dated	Y 13	, 2015		
_	Sign	ture of a member or authorized representative of a	ı member	
,	LISE WOSICK	1 5		
ì	LIBE WORK			

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Filing Fee: \$25.00