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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | | | | | |
|--|--|---|--|--|--|
| Yogotote: | s LLC | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The enclosed Articles o | of Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | condence concerning this matter | to the following: | | | |
| | Linda Culberson | | | | |
| | | Name of Person | | | |
| | Yogototes | | | | |
| | | Firm/Company | | | |
| | 6884 Florida Dr | | | | |
| | | Address | | | |
| | Lantana, Florida 33462-37 | 781 | | | |
| | | City/State and Zip Code | | | |
| | Lintaken903@aol.com | to be used for future annual report not | | | |
| For further information | concerning this matter, please c | · | incation) | | |
| Linda Culberson | oonooning mis maner, proase v | | | | |
| | of Person | at () 506-9890 | 7.1 | | |
| Name | of Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for | the 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 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

| Yogototes LL | C | | | |
|--|---|--------------------------------|--|--|
| (Name of the Limited Liabili (A Florida | ty Company as it now appears on our records a Limited Liability Company) | <u>s.</u>) | | |
| The Articles of Organization for this Limited Liability C Florida document number L15000106638 | Company were filed on June 17, 2015 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | | | |
| The new name must be distinguishable and contain the words "Lim | ited 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 ADDR | RESS) | | | |
| | | <u> </u> | | |
| | | | | |
| Enter new mailing address, if applicable: | | 2 7 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | , enter the name of the no | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | r | | |
| | , Flo | orida | | |
| | , | Lip Couc | | |

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 |
|--------------|-----------------|---|----------------|
| AMBR | Tammy Karlo | 204 Tam O Shanter Dr | |
| | | Palm Springs, Florida 33461 | Remove |
| | | | Change |
| AMBR | Linda Culberson | 6884 Florida Dr | ■ Add |
| | | Lantana, Florida 33462 | □ Remove |
| | | | Change |
| | | | ☐ Add |
| | | | □ Remove |
| | | | ☐ Change |
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| | | N 29d PH 2000 N 29d PH 2000 N 29d PH 2000 N 39d | |
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| | | | Add |
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| | | | ☐ Change |

| If amending any other information, enter change(s) here: (Attach additional she | ets, if necessary.) |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than the Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records. | (optional) 00 days after filing.) Pursuant to 605.0207 ements, this date will not be listed as |
| ne record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed. | t 12:01 a.m. on the earlier o |
| Dated 6/25 , 2015. | |
| Signature of a member or authorized representative of a men | iber Z |
| Linda Culberson | 29 3888 |
| Typed or printed name of signee | |
| | 2: 03 NATE ORID! |
| Page 3 of 3 | ¥™ ω |

Filing Fee: \$25.00