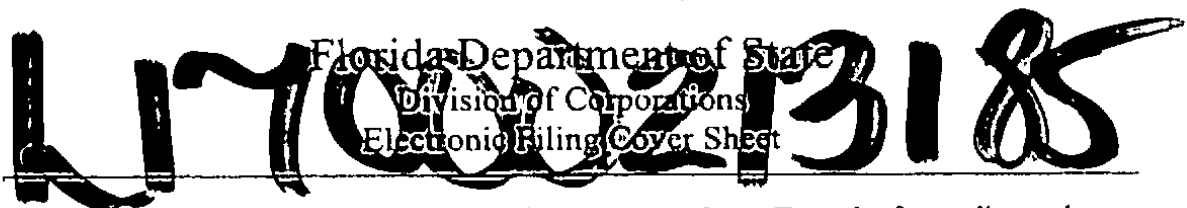


8/29/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ROBERT GRAHAM CPA, LLC
Account Number : I20070000089
Phone : (813)260-4103
Fax Number : (813)830-7415

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: admin@robertgrahamcpa.com

2019 AUG 29 PM 3:18

RECEIVED
AND
FILED

RECEIVED
19 AUG 29 PM 3:15
SECRETARY OF
TALLAHASSEE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE YOGI BEER LLC**

Certificate of Status	0
Certified Copy	0
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AUG 30 2019

(((H19000261138 3)))

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: THE YOGI BEER 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:

ROBERT GRAHAM CPA

Name of Person

ROBERT GRAHAM CPA LLC

Firm/Company

1518 NORWICK DRIVE

Address

LUTZ, FL 33559

City/State and Zip Code

ADMIN@ROBERTGRAHAMCPA.COM

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

2019 AUG 29 PM 3:18

FILED

For further information concerning this matter, please call:

ROBERT GRAHAM CPA

813

601-5513

at ()

Name of Person

Area Code

Daytime 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

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**ARTICLES OF AMENDMENT(((H19000261138 3)))
TO
ARTICLES OF ORGANIZATION
OF**

THE YOGI BEER 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 10/16/2017 and assigned
Florida document number L17000213185

This amendment is submitted to amend the following:

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

OPB CONSULTING LLC

The new name must be distinguishable and contain 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)

2541 N DALE MABRY

SUITE 129

TAMPA, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2541 N DALE MABRY

SUITE 129

TAMPA, FL 33607

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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2019 AUG 29 PM 3:18

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b).
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 29- August, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee