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## **COVER LETTER**

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TO: Registration Sect Division of Corpo			
SUBJECT:	ogi Mover	ted Liability Company	
The enclosed Articles of A	mendment and fec(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	A)-excin	AVA RAMIY-ez	
	- Yogi W	OVE 2 LLC Firm/Company	
	2517 N	28th Ave	
	- Hollywo	Od FL 3302 ( City/State and Zip Code	<u> </u>
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please ca	dl:	
Alexandro Name of 1	2 Ramirez	at ( <u>954</u> ) <u>663</u> Area Code Daytime	- 269 Z 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**

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we do not number	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5
Principal office address MUST BE A STREET ADDRESS)	
	PR 26 HASSEE
Enter new mailing address, if applicable:	
<u>Mailing address MAY BE A POST OFFICE BOX)</u>	ORDE 3
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zıp Code

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Arximdra Ramirez	2517 IN 28+ Ave.	Add
		Hollywood, FL 33020	□ Remove
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Filing Fee: \$25.00