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COVER LETTER

TO:	Registration Se Division of Cor		·	< s		
CUDIC	Sylvia's Wa	affles LLC				
SUBJE	CI:	Name of Lin	nited Liability Company			
The enc	closed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Sylvia Imperatore-Viens				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		Sylvia's Waffles LLC				
			Firm/Company			
		1876 Oak Forest Dr. E		ئىس <u>،</u>	.**•»	
			Address	į.		-1
		Clearwater, FL 33759		! -	A STATE OF THE STA	
			City/State and Zip Code	(y	. = 1	٠٠٠
		info@sylviaswaffles.com		[] [ין די	
Can fami	har information as		to be used for future annual report notifica	tion)		خنيدا
ror turu	ner information co	oncerning this matter, please c	aii.	4	င်ာ	
Sylvia	Imperatore-Vien	s	727 458-9903 at ()		•	
	Name of	Person	Area Code Daytime To	elephone Number		
Enclose	d is a check for th	e following amount:				
□ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Imperial Forest Enterprises LLC	3					
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)		•	
The Articles of Organization for this Limited I	Liability Company v	were filed on 12/1	18/2007		_ and as	signed
Florida document number L07000124985	·					
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liabil	ity company her	<u>·e</u> :			
Sylvia's Waffles LLC						
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the des	signation "LLC" or	the abbrev	viation "l.	L.C."
Enter new principal offices address, if appli	cable:	1876 Oak Forest Dr. E, Clearwater, FL 33759				
Principal office address MUST BE A STRE	ET ADDRESS)				,	
			CF - 0.5	* *	F~-2	
				1.	1.23	-
Enter new mailing address, if applicable:			·	÷, ,		
Mailing address MAY BE A POST OFFICE	E BOX)			į.		H TOTAL
			<u></u>	1 1 2		4 . 1
						Car
 If amending the registered agent and registered agent and/or the new registered of 			our records, <u>e</u>	nter the	name	of the n
Name of New Registered Agent:	Sylvia Imperato	re-Viens				
New Registered Office Address:	1876 Oak Fore	st Dr. E				
America and Company of the Company o		Enter Floria	la street address			
	Clearwater		. Florid	a <u>33759</u>)	
		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
Mr	Sam Bowman	Authorized Member	
			□ Remove
Mr	Jonathan Viens		Add
			■ Remove
			□ Change
			Add
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ctive date, if other than the date	e of filing:			_ (optional)		σ
effective date is listed, the date must be see: If the date inserted in this block cument's effective date on the Depart	pecific and cannot be loes not meet the a	pplicable statute	ling or more than 90 d ory filing requireme	ays after filing) Pürsuai	nt to 605 be:liste
intent s'effective date on the Depart	inent of State 3 let	.orus.			, تر	
record specifies a delayed eff ne 90th day after the record		it not an effe	ctive time, at 1	2:01 a.m.	on the	earlie
May 10	2018					
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Page 3 of 3

Filing Fee: \$25.00