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(Cit	ty/State/Zip/Phone	<i>⇒ #</i>)
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N. Gulligan JUN _ 3 2011

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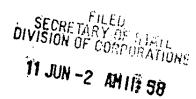
TO: Registration Sect Division of Corpo	
SUBJECT: The	Pancake Movement, LLC Name of Limited Liability Company
	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Anoy Vitale
	Name of Person The Par(alce Movement Firm/Company
	530 N. Federal Hwy
	Ft. Lauderdale, FC 33301
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
AMOY V	1tale a1 (961) 289-4119
Enclosed is a check for the	following amount:
[以\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

The tancalle Movement	, LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on and assigned
Florida document number L 1100000 2412.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	530 N. Federal Huy
(Principal office address MUST BE A STREET ADDRESS)	530 N. Federal Huy Ft. Lauderdale, FC 33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

 Ω

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 608, 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.

City

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = N$	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Brian Benitez	1109 LAS Olas Blud Ft. Couldad, Pt. 33301	Add Remove
MGRM	Josh Guffey	Ft. LANDLAS Blod Ft. LANDLASH, FL 33301	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.	SECRETARY OF STIGHT ON VISION OF CORPORATION OF CORPORATION OF STIGHT OF STATE OF CORPORATION OF
Dated	May 25	a member or authorized representative of a member	8 10 Kg
	/ may	Typed or printed name of signee	

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Filing Fee: \$25.00