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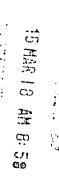
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COVER LETTER

TO:		istration Secti ision of Corpo			
	,	WESTSID	E BAGELS TOO PINE	CREST LLC	
SUBJE	ECT:	·	Name of Limi	ted Liability Company	
The en	closed	Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please	return	all correspond	ence concerning this matter t	to the following:	
			Mitchell Shidlofsky		
•				Name of Person	
-			Westside Bagels Too	Pine Crest LLC	
				Firm/Company	
			2310 Weston Road		
				Address	
			Weston, FL 33326		
			mitch@westsidebage	City/State and Zip Code	
			E-mail address: (t	o be used for future annual report no	tification)
For fur	ther ir	nformation con	cerning this matter, please ca	ill:	
Mitch	nell S	Shidlofsky		954 8309509)
		Name of F	erson	at () Area Code Daytin	me Telephone Number
Enclos	ed is a	check for the	following amount:		
□ \$2.	5.00 F	iling 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

TO ARTICLES OF ORGANIZATION OF

WESTSIDE BAGELS TOO PINE CREST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/30/2011 and assigned The Articles of Organization for this Limited Liability Company were filed on L11000099577 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

<u>Authorized Member being added or removed from our records:</u>

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cory Shidlofsky	5906 Coral Ridge Drive	Add
		Coral Springs, FL 33076	■ Remove
AMBR	Jordan Shidlofsky	900 Biscayne Blvd Apt 2712	 ■ Add
•		Miami, FL 33132	□ Remove
AMBR	Adam Shidlofsky	900 Biscayne Blvd Apt 2712	■ Add
		Miami, FL 33132	Remove
			Add
			Remove
			□ Add □ Remove
			Remove
			□ Rem

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Page 3 of 3

Filing Fee: \$25.00