L130000041904

(Req	uestor's Name)				
(Add	lress)				
(Add	Iress)				
(City	/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nai	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900246140689

03/29/13--01027--012 **30.00

FILED

13 MAR 29 PM 1: 16

SECKETARY OF STATE

C. LEWIS

APR 1 2013

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Fruty Waffle 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:

Tania Ramirez

Name of Person

TPR Solution

Firm/Company

821 Emmett St

Address

Kissimmee, FL 34741

City/State and Zip Code

taniapramirez@yahoo.com

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

For further information concerning this matter, please call:

Tania Ramirez

_{...}407、483-0070

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

13 MAR 29 PM 1: 17

Fruty Waffle LLC

(Name of the Limited Liability Company as it now appears on our reports) HASSEE, FLORIDA

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Fruity Waffle LLC	
The new name must be distinguishable and end with the words "Limi L.L.C."	ited Liability Company," the designation "LLC" or the abbreviat
Enter new principal offices address, if applicable:	6606 International Dr
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32819
Enter new mailing address, if applicable:	2970 Conner Lane
Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34741
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address, Florida City Zip Code

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.

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

MGR = M MGRM =	anager Managing Member		FILED	
<u>Title</u>	<u>Name</u>	Address	13 MAR 29 PM 1: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action Add
				Remove
				Add
				Add Remove
				Add
				Remove
				Add Remove
				Add
				Kemove

	FILED 13 MAR 29 PM 1: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated 03/25, 2013. Jenny Caso	
Signature of a member or authorized representative of a number of a number of signee Signature of a member or authorized representative of a number of signature of a number of signature of signature of a number or authorized representative of a number of a number of signature of a number of a number of signature of signa	member

Filing Fee: \$25.00