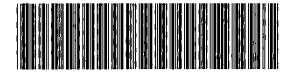
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corpo		and the same of th		
SUBJECT: To	y Waffles Name of Limi	LL C ited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
	Michael	Name of Person		
		Firm/Company		بر است
	825 SW	17th Street Address		A HAY
		City/State and Zip Code O @ gol- Com to be used for future annual report notifie	<u> </u>	AT HAY -8 PM 4: O'E
For further information con	E-mail address: (1 cerning this matter, please ca		cation)	Q.
Michael As Name of P	erson	at (845) 641 - 3	3912 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

Tony Woffles LLC		
Tony Waffles LVC (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 Florida document number \(\bullet \lambda \lambda 000077708\).		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The Crafty Waffle LLC The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	825 SU 17th St.	_
(Principal office address MUST BE A STREET ADDRESS)	825 SU 17th St. Fl. Larderdale FL 33315	_
	-	3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	825 SW 17th St. 33315 00 Ft. Lauderdale FL 33315	SETARY OF
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		TO F
registered agent and/or the new registered onice address her	<u>e</u> :	
Name of New Registered Agent:	ichael Assep	_
New Registered Office Address: 825	SW 17th Street Enter Florida street address	_
Fart La	Note of the State of the City State of the S	_
	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>Name</u> <u>Title</u> Address Type of Action Michael Asseo Owner For Landerdala FL 33315 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Remove ☐ Chang ☐ Add □ Remove ☐ Change _□ Add ☐ Remove

_□ Change

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Note: If the da	, if other than to a si listed, the date to inserted in this ective date on the	block does not i	meet the applic	cable statutory f	or more than 90 Iling requirem	(optional) days after filing. ents, this date) Pursuant to 605 will not be liste	.0207 (3 ed as the
ne record spe The 90th d	ecifies a delay ay after the r	ed effective e	date, but no	ot an effectiv	e time, at :	12:01 a.m. :	on the earlie	er of:
Dated	15/17		,	<u> </u>				
		m	icharl	assi				
		Signature of a	member or auth	orized representa	tive of a member	er	<u></u>	

Page 3 of 3

Filing Fee: \$25.00