

L17000229829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

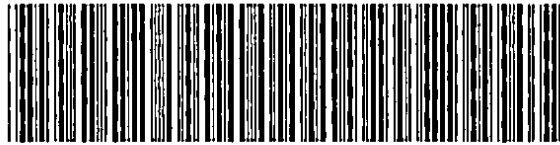
(Business Entity Name)

(Document Number)

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2019 MAR -4 PM 2:43
SECRETARY OF REVENUE
CLARK COUNTY, NV

MAR 11 2019

C McNAIR

COVER LETTER

Registration Section
Division of Corporations

MAMA JEMIMA'S PANCAKE HOUSE & DINER, LLC

F: _____
Name of Limited Liability Company

sed Articles of Amendment and fee(s) are submitted for filing.

urn all correspondence concerning this matter to the following:

ALLISON BOETTCHER

Name of Person

Firm/Company

7545 NW 71st TERRACE

Address

PARKLAND, FL 33067

City/State and Zip Code

ALLISONANN.BOETTCHER@YAHOO.COM

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

her information concerning this matter, please call:

ON BOETTCHER

305 890-9888

at ()

Name of Person

Area Code

Daytime Telephone Number

ed is a check for the following amount:

5.00 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

2018 MAR -14 PM 2:43
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

MAMA JEMIMA'S PANCAKE HOUSE & DINER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAR -4 PM 2:13
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on 11/07/2017 and assigned

Document number L17000229829

Document is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

MAMA'S PANCAKE HOUSE & MORE, LLC

The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal office address, if applicable:

Office address MUST BE A STREET ADDRESS

Mailing address, if applicable:

Address MAY BE A POST OFFICE BOX

When changing 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

_____, Florida _____
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand 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

Manager
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
KIMBERLY BOETTCHER	7545 NW 71st TERRACE. PARKLAND, FL 33067	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
ANTHONY BOETTCHER	7545 NW 71st TERRACE. PARKLAND, FL 33067	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Change

2. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

2019

Leuth

Signature of a member or authorized representative of a member

Typed or printed name of signee