Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (855) 498-5500

Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANOTHER BROKEN EGG CAFE OF WINTER PARK, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
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**HepIMMONS** NOV 15 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| ANOTHER BROKEN EGG CAFE OF WINTER PARK, LLC   |                 |
|---|-----------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)   | <del></del>     |
| he Articles of Organization for this Limited Liability Company were filed on June 19, 2018  | _ and assigned  |
| lorida document number L18000149961   |                 |
| his amendment is submitted to amend the following:  |                 |
| . If amending name, enter the new name of the limited liability company here:   | هد<br>دب        |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre                                     | viation "L.IC." |
| nter new principal offices address, if applicable:  |                 |
| Principal office address MUST BE A STREET ADDRESS)  | +-              |
|   | 1               |
|   | လု              |
| inter new mailing address, if applicable:   | . <u>.</u>      |
| Mailing address MAY BE A POST OFFICE BOX)   |                 |
| 3. If amending the registered agent and/or registered office address on our records, enter the egistered agent and/or the new registered office address here: | e name of the r |
| Name of New Registered Agent:   |                 |
| New Registered Office Address:  Enter Florida street address  |                 |
| <del></del>   |                 |
| , Flortda   | Zip Code        |
| lew Registered Agent's Signature, if changing Registered Agent:   | •               |
| hereby accept the appointment as registered agent and agree to get in this capacity. I further agree  | . 4a. a         |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply 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

Page 1 of 3

Taylor Seay 8004323522

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>Title</u> | Name               | Address                      | Type of Action |
|--------------|--------------------|------------------------------|----------------|
| MGR          | Jonathan Tanenbaum | 600 Grand Blvd               |                |
|              | _                  | Suite M-209                  | ■ Remove       |
|              |                    | Miramar Beach, Florida 32550 | Change         |
| MGR          | Shaun Cacsar       | 600 Grand Blvd               | ■ Add          |
|              |                    | Suite M-209                  | ☐ Remove       |
|              |                    | Miramar Beach, Florida 32550 | Change         |
| <del></del>  |                    |                              |                |
|              |                    |                              | E Remove       |
|              |                    |                              | Change (C)     |
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Taylor Seay 8004323622

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| ffective date, if other than the dates are effective date is listed, the date must be total: If the date inserted in this block ocument's effective date on the Department. | does not meet the applicable statutory fili  | (optional) more than 90 days after filing.) Pursuant to 605.0207 (ing requirements, this date will not be listed as t |
| e record specifies a delayed e<br>The 90th day after the record   | fective date, but not an effective is filed. | time, at 12:01 a.m. on the earlier of:  |
|   | 2018   |   |
| November 14   |  |   |
| November 14   | 2  |   |

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