

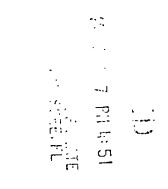
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(City	/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Section

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Jeri Snyder			-
		Name of Person		ŗ
	Another Broken Egg of A	nerica LLC		
		Firm/Company		
	5955 T G Lec Blvd., Suite	100		(a) (a) (m) (a)
		Address		[7]:
	Orlando, FL 32822			<u> </u>
		City/State and Zip Code	<del></del>	
	accounting@anotherbroken	egg.com		
	E-mail address: (	to be used for future annual report notif	fication)	
For further information of	concerning this matter, please co	all:		
Jeri Snyder		407 440-0450 at ()		
Name (	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre	ss:	Street Address:		
Registration		Registration Sec		
Division of C P.O. Box 633		Division of Cor The Centre of T		
Tallahassee.			e Street, Suite 810	)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ANOTHER BROKEN EGG CAFE OF PEMBROKE PINES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned 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 contain 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

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ARTINIAN, CHRISTOPHER J	5955 T.G. Lee Blvd, Suite 100, Orlando, FL 32822	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
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Filing Fee: \$25.00