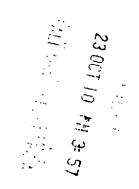


(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 7 imig Offices.
J. HORNE
OCT 1 8 2023





10/10/23--01009--017 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Pancakery Fanchising 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:
Dary A. Battaglia, Jr. Name of Person
The Pancakery Firm/Company
315 Red Maple Dr.
Man de ville LA 7048 City/State and Zip Code dary/battaglia 20 @gmail.com 13-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dary A. Battaslia, Jr. at (504) 430-7181 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The state of the s The Pancakery Fanchising LLC

(Name of the Limited Liability Company as it now appears on our records.) Florida document number <u>L23</u> 000455446 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Panca Kery Franchising LLC

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

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 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>	<u>Name</u>	Address	Type of Action	
			□Remove	
			□Change	
			□Add	
			Remove	
			□ Change	
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r amending a	ny other information	, enter change(s	s) nere: (Augen	additional sneet	s, y necessary.)	
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an effective date Note: If the da	, if other than the date is listed, the date must be steen inserted in this block ective date on the Depart	specific and cannot be does not meet the	applicable statute	ling or more than 90 ory filing requiren	(optional) Hodays after filing.) Punents, this date will	rsuant to 605.020 I not be listed a:
record specific	es a delayed effective dat	e, but not an effe	ctive time, at 12:0	OI a.m. on the ear	lier of: (b) The 9	0th day after the
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	Sign	nature of a member	or anthorized repre	sentative of a memb	oer .	
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