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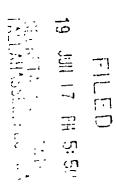
(Requ	uestor's Name)	
(Addi	ress)	
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PICK-UP	☐ WAIT	MAIL
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JUN 2 7 2019 S. YOUNG

COVER LETTER

DIV	ISION OF COP	porations		
eun Herer		N COOKIE GUY LLC	·	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	-	
		NORMAN WAXMAN		
		BROOKLYN COOKIE G	Name of Person UY LLC	
		2071 BONNIE STREET	Firm/Company	
		BOCA RATON/FLORIDA	Address A 33482	
		STORMIN1963@GMAIL.	City/State and Zip Code COM	
			to be used for future annual report no	tification)
For further in	formation co	oncerning this matter, please ca	all:	
NORMAN V	VAXMAN		352 208-5384 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
3 \$25.00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

BROOKLYN COOKIE GUY LLC

(Name of the Lim	ited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I Florida document number L10000023606	3/02/2010 and assigned	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company b	oe <u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	-
Enter new principal offices address, if appli	cable:	53.6
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(2) · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and registered agent and/or the new registered of		.
Name of New Registered Agent:		
New Registered Office Address:	10100 W SAMPLE RD #408	
	Enter Florida street address	
	CORAL SPRINGS	, Florida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> NORMAN WAXMAN	Address 2071 BONNIE STREET	Type of Action
MGRM		BOCA RATON, FL. 33482	Add
			Remove
			Change
MGR	MINDY WAXMAN	2071 BONNIE STREET BOCA RATON, FL 33482	Add
			■ Remove
			Change
			Remove
			Change
			□ Remove
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E Effort	ive date, if other than the date of filing: (optional)
(If an eff	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
docum	ent's effective date on the Department of State's records.
If the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed.
` '	·
	06/11/2019
Dated	··
	the halo
	100mm
	Signature of a member or authorized representative of a member
	NORMAN WAXMAN
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00