

L 15000149366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

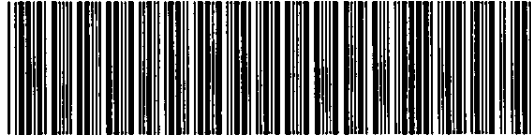
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500277216665

09/21/15--01004--019 **25.00

FILED
15 SEP 21 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2015

Y SULKER

COVER LETTER

DLB

**TO: Registration Section
Division of Corporations**

SUBJECT: COOKIEGAZM OF GAINESVILLE 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:

VICTOR BADELL
Name of Person

BADELL OFFICES LLC
Firm/Company

350 S MIAMI AVE STE COM-A
Address

MIAMI, FL 33130
City/State and Zip Code

VICTOR@BADELLPC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR BADELL at (**305**) **4987788**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

DLB

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COOKIEGAZM OF GAINESVILLE LLC

(Same 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 September 01, 2015 and assigned
Florida document number L15000149366

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

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

FILED
15 SEP 21 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DLB

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRG	DANIEL SEEMANN	308 NW 19TH ST	<input type="checkbox"/> Add
		GAINESVILLE, FL 32603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AARON SEEMANN	308 NW 19TH ST	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32603	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 SEP 21 PM 4:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DLB

Lined area for amending information.

15 SEP 21 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

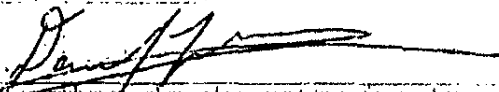
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 10 2015



Signature of a member or authorized representative of a member

DANIEL LECHTIG-BRUCE, MGR

Typed or printed name of signer