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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

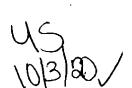
Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	Coton, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven N. Houston			
		Name of Person		
		Firm/Company		~
	7199 NW 49 Place		•	2020 AUG 17
		Address		<u> </u>
	Lauderhill, FL 33319		. ;.	4
	snhtax@yahoo.com	City/State and Zip Code		2:
		to be used for future annual report noti	fication)	ဗ္ဗ
For further information c	oncerning this matter, please c	all:		
Steven N. Houston		281 900-2486 at ()		_
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate of Certified Cop (additional copy	f Status & Dy
Mailing Addres Registration S		Street Address: Registration Sec	ction	
Division of C		Division of Cor		
P.O. Box 6327		The Centre of T		
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andre Coton LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on June 6th, 2016	and assigned
lorida document number L16000109159		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabili	tv company here:	
Van Wonderen Stroopwafels LLC		
he 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:		
		2
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		- 25
		<u> </u>
nter new mailing address, if applicable:		7
•		P
Mailing address MAY BE A POST OFFICE BOX)		~~~~
		 ထ
	>	
3. If amending the registered agent and/or registered office ad	dress on our records, <u>enter the na</u>	me of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
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 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

Title	Name	Address		Type of Action
				□ Add
				□Remove
				□Change
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n effective date is listed, the date mus	lock does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605 ry filing requirements, this date will not be list	.020 ed a
ecord specifies a delayed effectiv is filed.	e date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day afte	r the
August 7th	2020		
1 1	··		
504	Signature of a member or authorized represe		
	Cinantum of a month of a section is a section of a section	entativa afa mambar	

Filing Fee: \$25.00