117000191543

Office Use Only



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02/26/18--01030--003 **25.00



J. LEGGETT FEB 27 2018

COVER LETTER

TO: Registration Se Division of Cor					
SAVORY SUBJECT:	& SWEET LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are submit	tted for filing.			
Please return all correspo	ondence concerning this matter to	the following:			
	ROBERT BENSON				
		Name of Person			
	SAVORY & SWEET LLC				
		Firm/Company			
	7540 NW 8TH CT				
		Address			
	PLANTATION FL 33317		_		
		City/State and Zip Code			
	JVITARELLI@TJVCPA.COM E-mail address: (to b	VI be used for future annual report notif	ication)		
For further information c	oncerning this matter, please call:				
T JAY VITARELLI		954 252-7774			
Name o	f Person	at () Area Code Daytime	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)	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVORY & SWEET LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	oany as it now appears on our records. I Liability Company))
The Articles of Organization for this Limited Liability Compan	y were filed on 09/11/2017	and assigned
Florida document number L17000191543		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
COOKS AVENUE LLC		
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC"	or the abbreviation "LdoC."
Enter new principal offices address, if applicable:		一
(Principal office address MUST BE A STREET ADDRESS)		57 2 T
		2.2
Enter new mailing address, if applicable:		2 7 7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	-	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	; Flor	rida
· · · · · · · · · · · · · · · · · · ·	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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
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	<u> </u>
01/01/2018	
e date, if other than the date of filing:	(optional) than 90 days after filing.) Pursuant to 605.0207 (
If the date inserted in this block does not meet the applicable statutory filing rent's effective date on the Department of State's records.	quirements, this date will not be listed as t
ord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
2010	
FEBRUARY 16 2018	
Call Yani Colo	

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Typed or printed name of signee

Filing Fee: \$25.00