## 118000147594

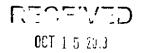
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## **COVER LETTER**

TO:		istration Se sion of Cor			
SUBJEC		Chloes Co	okies LLc		
3003130	C1.		Name of Lin	nited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			Kenneth Weiner		
				Name of Person	
			Chloes Cookies LLC		
				Firm/Company	
			8260 College Parkway S	Ste. 203	
				Address	· · · · · · · · · · · · · · · · · · ·
			Fort Myers, Florida 339	19	
				City/State and Zip Code	
			weinergrp@gmail.com		
			E-mail address: (	to be used for future annual report	notification)
For furth	er inf	ormation co	oncerning this matter, please c	all:	
Kenneth	ı Wei	iner		239 206-103	
		Name of	Person	at () Area Code Day	rtime Telephone Number
Enclosed	lisac	theck for the	e following amount:		
<b>\$25.</b> 0	00 Fil	ing 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

Unides Cookies LLC	
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L18000147594	Company were filed on 6/14/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	E. 8 7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
Trusting address mill BENTOST OFFICE BOSY	- 0 111
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, enter the name of the dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, Florida

## 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 = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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			Remove
			Change
			Add ⊡
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