Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations				
Fax Number : (850)617-6383		57.00		
From:		<u> </u>	9	
Account Name: REGISTERED AGENTS IN	C.	· • • • • • • • • • • • • • • • • • • •	<u> </u>	
Account Number : I20090000081			7	71
Phone : (307)200-2803			2	
Fax Number : (855)330-1010			ယ	1
			7200	1
-	he email address for this business entity to be used for future al report mailings. Enter only one email address please.**	13.13 13.13	8	U
Email Addr	ess:		#	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BATCH COOKIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Batch Cookies LLC		
(Name of the Limited Liability Co. (A Florida Limit	npany as it now appears on our records. led Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on 12/10/2018	and assigned
Florida document number L18000283471		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
Batch, The Cookie Company LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	<u> </u>
	<u></u>	
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zıp 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		·	☐ Remove
			Change
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Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Departr	pecific and cannot be prior to date of filing oes not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (filing requirements, this date will not be listed as t
) The 90th day after the record i	s filed.	ive time, at 12:01 a.m. on the earlier of:
	2019	
July 23rd	2015	
Dated July 23rd Margan Noble	2013	

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Filing Fee: \$25.00