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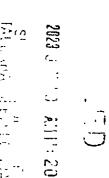
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	OUGH COKIE	PATISSICE LL(ted Liability Company	7	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Daniela	I Jimenez Name of Person		
	Tagh Ca	okie Podissied LL	<u>C</u> =	2023
	3915 M	adison Street Address		
	Hollywood	/City/State and Zip Code		
	tough crokies	to be used for future annual report notific	ication)	E 0
For further information co	ncerning this matter, please co	-	0	
Daniela Name of	Person	at (<u>86)3842</u> Area Code — Daytime	: Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address	<u>:</u>	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCH Cokie Pat	issied LLC npany as it now appears on o	ur records.)	
(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L-1900142246</u> .	any were filed on Hoy	78th 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	Publitive Company "the designa	nion "L1.C" or the abb	reviation "L.L.C."
The new name must be distinguishable and contain the words. Chillied El	latinty Company, the design		
Enter new principal offices address, if applicable:		<u> </u>	- No.
Principal office address MUST BE A STREET ADDRESS	2	<u> </u>	
		77 2	
		<u> </u>	$\dot{\omega}$.
Enter new mailing address, if applicable:			= 0
(Mailing address MAY BE A POST OFFICE BOX)			- 1
		To State	<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
Manie of thew Registered Agent.			
New Registered Office Address:	Enter Florida st	rout of trace	
	nuer rioriaa si		
	Cin	, Florida	Zip Code
	City		Dip Come

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR+ M	GR TATIANA Potino	Address 3915 Hodison St, Hollywood, FG 33021	- <u>-</u> □Add
		3302l 	Remove
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mective date, it other than	must be specific and canno	ot be prior to date of filing	g or more than 90 days af	tional) ter filing.) Pursuant to 605.02
an effective date is listed, the date			filing requirements. t	his date will not be listed
an effective date is fisted, the date lote: If the date inserted in the ocument's effective date on the				
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