

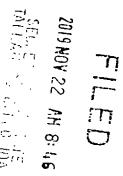
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COVER LETTER

TO: Registration Section Division of Corp	orations		
SUBJECT:	Soft	o Cookjeic	> LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mris	Nadar	
		Name of Person	
		Firm/Company	
	4637 5 0	JANUS 124 DC	. <u></u>
		Address	200
	Davie +	16rile 333a) &
	E-mail address: (1	City/State and Zip Code 19 @ 9 ma. Code to be used for future annual report notifications.	cation)
For further information co	ncerning this matter, please ca		,
Chris Nad	-	a 9 4 , 330	- 2288
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L19000237653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Soflocookieco LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new

registered agent and/or the new registered office address here:

Name of New Registered Agent: New Registered Office Address:

Enter Florida street address

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>	Name	Address	Type of Action
MGR	Chris Nader	Hb31s university Dr Davie Fl 33328	
		Davie F1 33328	Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

II amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:]	te date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	
	Signature of a member or authorized representative of a member
	hris Nucleo

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Filing Fee: \$25.00