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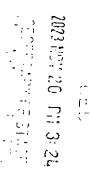
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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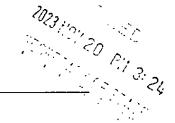


COVER LETTER

TO:

	Registration Se Division of Cor			
CUBIEC	SAVAGE	COLLECTIONS LLC		
SUBJEC	.1:	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Della C. Savage		
			Name of Person	
		SAVAGE COLLECTION	SLLC	
			Firm/Company	
		10420 Regal View Loop		
			Address	
		Clermont, FL 34711		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		dellacsavage@gmail.com		
For furthe	er information c	e-mail address: (to be used for future annual report noti all:	fication)
Davey T.	Jay, Esq.		407 439-1459 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	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)
F F	Mailing Address Registration S Division of C P.O. Box 632 Fallahassee, F	ection orporations 7	Street Address: Registration Second Division of Correct The Centre of T 2415 N. Monroe Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SAVAGE COLLECTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on February 2, 2021	and assigned
Florida document number L21000058176		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Savage Cookie Co. LLC		
The new name must be distinguishable and contain the words "Limited I	Liability 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>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the na	me of the new registered
agent while the new registered writer address here.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
	Di2.1.	
	, Florida _	Zip Code
N N N N N N N N N N		

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
			□Add
		 	□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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(If an effective Note: If	e date, if other than the date of filing:
he record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
Dated _	11/15/2023
	(BUSY)
	Signature of a member or authorized representative of a member
	Della C. Savage
	Typed or printed name of signee

Filing Fee: \$25.00