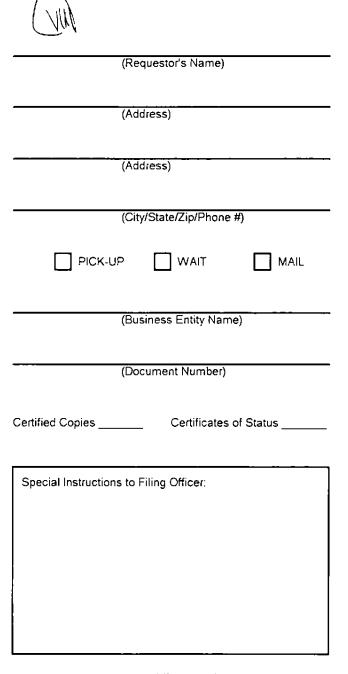
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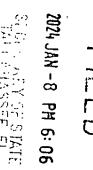


Office Use Only



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01/08/24--01026--012 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _/O/ Florida document number 4 2/000 44 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 7610 Wormande Court 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 Florida City 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.

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Mimi 5 C Name of Lim	Cookiez, LLC	<u>-</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amel	Name of Person	
	_Mim.	i's Cookie	z, LLC
	7610-1	Ormande Co	urt
	Margi	Fe F 33 City/State and Zip Code	063
		to be used for future annual report notif	
For further information c	oncerning this matter, please co	(754) Э49 	9-5564 (1) 4-2894 (2) e Telephone Number
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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
			□Add
		 	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
·			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	1/4/24
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Amel Johya. Typed or printed name of signee
	/ypcd or printed name of signee