## 122000291801

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Special Instructions to Fi	iling Officer:	
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## **COVER LETTER**

TO:		tration Sec on of Corp		
eun ir		VHATS CC	OOKIN GOOD LOOKIN	
SUBJE	CI: _		Name of Lim	ited Liability Company
The enc	losed A	articles of A	Amendment and fee(s) are sub	mitted for filing.
Please re	eturn al	ll correspor	ndence concerning this matter	to the following:
			FREDRICK BERNARD E	OONALDSON JR
				Name of Person
				Firm/Company
			5702 PRAIRIEVIEW RD	
				Address
			GREENWOOD FL 32443	
				City/State and Zip Code
			FREDRICK (DONALDSO)	The state of the s
			E-mail address: (	to be used for future annual report notification)
For furtl	her info	ormation co	ncerning this matter, please ca	all:
FREDR	аск в	ERNARD	DONALDSON JR	850 5572837 OR 8505571121
		Name of	Person	Area Code Daytime Telephone Number
Enclose	d is a c	heck for the	e following amount:	
<b>■</b> \$25	.00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address:
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee	
		L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17.

WHATS COOKIN GOOD LOOKIN		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	(5)
The Articles of Organization for this Limited Liability C Florida document number L22000291801	Company were filed on JUNE 28 2022	-8 Page 6: 02
This amendment is submitted to amend the following:		5
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the r	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	Zip 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 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
MGR	FREDRICK BERNARD DONALD	5702 PRAIRIEVIEW RD GREENWOOD FLORID.	A : 
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Change

D. If amending any other info	rmation, enter change(s) here: (Attach addition	nal sheets, if necessary.)	
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E. Effective date, if other than		(optional)	
Note: If the date inserted in th	must be specific and cannot be prior to date of filing or not is block does not meet the applicable statutory filing the Department of State's records.		
If the record specifies a delayed eff record is filed.	ective date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the	
Dated <u>06/30</u>	2022		,
Thought La	2000 Ado 10 7 7 17 1	ALL KINA	-
TOVEUR IL	Signature of a member or authorized representative of	f a member 22.	Ξ.
10.00	N DONCLOSOM  ARD DONALDSON JR	f a member	
FREDRICK BERN	Typed or printed name of signee		i.
	· · · · · · · · · · · · · · · · · · ·	SIALE LORIDA	