L22000380874

(Requestor's Name)	_
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(Business Entity Name)	_
(Document Number)	_
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SECRETASSEE FLORIDA

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COVER LETTER

TO:	Registration Division of (on Section f Corporations	•				
		THING OF OURS COOKIES & CREAM I LLC					
SUBJEC	CT:	Name of Limited Liability Company					
The encl	osed Articles	es of Amendment and fee(s) are submitted for filing.					
Please re	eturn all corre	respondence concerning this matter to the following:					
		HERMAN CORREA					
Name of Person							
THIS THING OF OURS COOKIES & CREAM 1 LLC							
	Firm/Company						
	5720 WELLER AVE						
	Address						
	JACKSONVILLE FL 32211						
		City/State and Zip Code					
		thisthingofoursllc@gmail.com					
		E-mail address: (to be used for future annual report notification)					
For furth	er informatio	tion concerning this matter, please call:					
JEANN	ETTE S COF						
	Nar	ame of Person					
Enclosed	l is a check f	for the following amount:					
□ \$25.	.00 Filing Fed	ce S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy	ру				

Mailing Address:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

THIS THING OF OURS COOKIES & CREAM I 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 Company were filed on $\frac{08/28/2022}{1}$ Florida document number __L22000380874 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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) 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.

if amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	HERMAN CORREA	5720 WELLER AVE, JACKSONVILLE, FL 32211	= Add
			□Remove
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Effective date if other than the da	ate of filing:		(optional)	
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the appli	cable statutory filing r	than 90 days after filing.) equirements, this date	Pursuant to 605.0207 will not be listed as
record specifies a delayed effective ded is filed.	ate, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	e 90th day after the
Dated NOVEMBER 29	2022	·		
Jeann Itz S		norized representative of	a member	
JEANNETTE S CORREA				
		nted name of signee		

. . . .

Filing Fee: \$25.00