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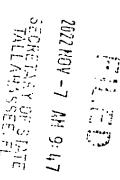
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

| porations | | |
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| ough Cookie Co LLC | | |
| Name of Lim | ited Liability Company | |
| Amendment and fee(s) are sub | mitted for filing. | |
| ndence concerning this matter | to the following: | |
| Julia Mabey | | |
| | Name of Person | |
| Here We Dough Cookie C | 0 | |
| | Firm/Company | |
| 1745 Lindley Street | | 2022 SEV |
| | Address | 一台。 |
| Mangonia Park, FL 33407 | | 2022 HOV -7 SECRETALY TALLARY |
| jcmabey@gmail.com | City/State and Zip Code | M 9: 47 |
| E-mail address: (| to be used for future annual report notification) | 一 唱 5 |
| oncerning this matter, please ca | all; | |
| | 973 897-7830 at () | |
| f Person | Area Code Daytime Telephone | Number |
| ne following amount: | | |
| ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed) |
| Section orporations 7 | Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S | ee |
| | Amendment and fee(s) are subsidence concerning this matter Julia Mabey Here We Dough Cookie Co 1745 Lindley Street Mangonia Park, FL 33407 jemabey@gmail.com E-mail address: (oncerning this matter, please ca (Person to following amount: | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Julia Mabey Name of Person Here We Dough Cookie Co Finn/Company 1745 Lindley Street Address Mangonia Park, FL 33407 City/State and Zip Code jemabey@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1 973 Area Code 1 897-7830 Daytime Telephone The following amount: 2 \$30.00 Filing Fee & S55.00 Filing Fee & Section Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahasse |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Here We Dough Cookie Co LLC | | |
|---|---|-------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on September 19, 2022 | and assigned |
| Florida document number L22000408713 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | - 0 3 |
| (Principal office address MUST BE A STREET ADDRESS) | | 77 HOV |
| | | |
| | | 一类 一 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | mios o sur |
| | | 「高」 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the n</u> | ame of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florida | |
| | 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 | Morgan Cochran | 957 Seabright Ave | □Add |
| | | West Palm Beach, FL 33413 | ■Remove |
| | | | ☐ Change |
| MGR | Julia Mabey | 1745 Lindley Street | ———— ≡Add |
| | | Mangonia Park, FL 33407 | □Remove |
| | | | Change |
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| | be specific and cannot be prior to date of filing c ck does not meet the applicable statutory f | | .) Pursuant to 605,02 |
| cord specifies a delayed effective s filed. | date, but not an effective time, at 12:01 a. | m. on the earlier of: (b) The | ic 90th day after th |
| | | | |
| red November 2 | 2022 A GUA Signature of a wember or authorized representa | | |