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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer	
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COVER LETTER

	Division of Corp			•
SUBJEC		OKIE JAR LLC		
SUBJEC		Name of Lir	nited Liability Company	
The enclo	osed Articles of	Amendment and fec(s) are su	bmitted for filing.	
Please ret	turn all correspon	ndence concerning this matter	r to the following:	
		ASTRID KIRKWOOD-N	MCGARRELL .	
			Name of Person	
		STAR'S COOKIE JAR L	LC	
			Firm/Company	
		5800 MOSLEY LANE SO	HTUC	
			Address	•
		CRESTVIEW, FLORIDA	A 32539	
			City/State and Zip Code	
		star1_kirkwood@yahoo.co		
		E-mail address:	(to be used for future annual report no	tification)
For furthe	er information co	ncerning this matter, please of	call:	
ASTRID	KIRKWOOD-M	ACGARRELL	850 7588776	
	Name of	Person		me Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$ 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Gertificate 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
I I	Mailing Address Registration S Division of Co P.O. Box 6327 Fallahassee, F	ection prporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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STARS COOKIE JAR 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 14 NOV 22 Florida document number L2200487174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STAR'S COOKIE JAR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Changing Registered Agent, Signature of New Registered Agent

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 Authorized	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>		Address	Type of Action
				🗆 Add
				□ Remove
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				□Remove
				Change

D. If am	ending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
•		
		
		
•		
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		DECEMBER 28, 2022
E. Effect (If an ef	tive date, if other than Tective date is listed, the dat	the date of filing:(optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
		is block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.
docui	iem senceave date on e	beparenent of State 3 records.
If the recor		ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December A	8 <u>2022</u> .
	A.A	Signature of a member or authorized representative of a member
	ASTRID KIRKWO	OD-MCGARRELL
		Typed or printed name of signee

Filing Fee: \$25.00