

L23000016219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

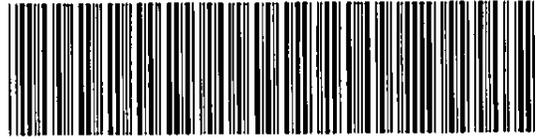
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
FEB 14 2023
 BY: _____

NO \$

Office Use Only



900401244159

02/14/2023 11:19 AM

2023 MAY -1 AM 11:19
 STATE
 OF FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2023

ANDREA PERAZZA-DONOHUE

1805 ELEUTHERA PT APT N4
COCONUT CREEK, FL 33066 US

SUBJECT: HEAVENLY BITES COOKIE COMPANY LLC
Ref. Number: L23000016219

We have received your document for HEAVENLY BITES COOKIE COMPANY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

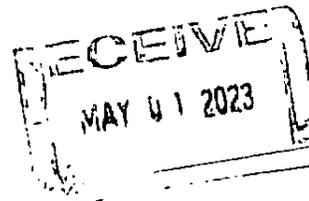
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 023A00008560

2023 MAY -1 AM 11:19
DIVISION OF STATE
FILED RESEARCH

FILED



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

HEAVENLY BITES COOKIE COMPANY 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 01/06/2023 and assigned Florida document number L23000016219.

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)

1805 Eleuthera Pt Apt N4

Coconut Creek, FL 33066

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1805 Eleuthera Pt Apt N4

Coconut Creek, FL 33066

FILED
2023 MAY -1 AM 11:19
STATE
TALLAHASSEE, FL

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:

Andrea Leticia Perazza Donohue

New Registered Office Address:

1805 Eleuthera Pt Apt N4

Enter Florida street address

Coconut Creek

Florida

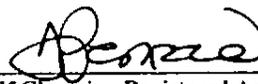
33066

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.



Andrea Leticia Perazza Donohue

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DONOHUE, TERRENCE P	1805 Eleuthera Pt Apt N4	<input type="checkbox"/> Add
		Coconut Creek, FL 33066	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PERAZZA DONOHUE, ANDREA L.	1805 Eleuthera Pt Apt N4	<input type="checkbox"/> Add
		Coconut Creek, FL 33066	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 MAY 19 AM 9:19
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FL
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 9th, 2023

A Perazza

Signature of a member or authorized representative of a member

Andrea Perazza-Donohue

Typed or printed name of signee

2023 MAY 11 AM 11:19
STATE
FILED
FL

FILED