## L23000176794

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	COOKIE THE DOLL COLL	ECTION LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
		ANTONETTE WILLIAM	IS	
		Name of Person		-
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	-
11989 NW 83 RD PL				2
Address				2023 1117
PARKLAND, FL 33076			6	
		City/State and Zip Code		5
	E-mail address: (	cookiethedoll1@gmail.com to be used for future annual report not	ification)	FH 2:
For further information concerning this matter, please call:				
	ANTONETTE WILLIAMS	at (_954)3	19-0193	
Nan	ne of Person		ne Telephone Number	<u></u> -
Enclosed is a check for	or the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassee se Street, Suite 8	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## COOKIE THE DOLL COLLECTION LLC

	(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)		
The Articles of Organization	for this Limited Liability Company	were filed on	APRIL 10,2023	_ and assigned	
Florida document number	L23000176794				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguisha	ble and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices :	address, if applicable:			- 23	
(Principal office address MU	ST BE A STREET ADDRESS)		;;-		
			<del></del>	- 4 - 4	
				C1	
Enter new mailing address,	if applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)			? <u> </u>	
		<u>.                                    </u>		T	
agent and/or the new registe  Name of New Regis	tered Agent:	address on our rec	ords, <u>enter the name</u>	of the new registere	
New Registered Off	ice Address:	Enter Florida street address			
		, Florida			
		City	, Florida	Zip Code	
New Registered Agent's Signa	ture, if changing Registered Agent:				
provisions of all statutes rel accept the obligations of my	nent as registered agent and agreative to the proper and complete position as registered agent as packange in the registered office in writing of this change.	performance of m provided for in Ch	y duties, and I am fai apter 605, F.S. Or, if	niliar with and this document is	

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>	Type of Action
AMBR	ANTONETTE WILLIAMS	11989 NW 83RD PL, PARKLAND FL 33076	🗆 Add
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			<b>=</b> Change
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			□Remove
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Tective dat	e. if other than the date o	of filing:		(optional)	
an effective da lote: If the d	e. If other than the date of the is listed, the date must be spe- late inserted in this block doe	cific and cannot be prior to es not meet the applicab	date of filing or more than le statutory filing requi	90 days after filing.) Purs rements, this date will i	uant to 605 not be liste
	fective date on the Departmo				
ecord specifics filed.	fies a delayed effective date.	but not an effective time	e, at 12:01 a.m. on the e	earlier of: (b) The 90th	n day atte
ated	May 8		- ·		
	(In	time Wie	llem (Occ)	CCCC	^
	Signatu	ure of a member or authoriz	zed representative of a me	mber	
	Signatu		zed representative of a me	mber	