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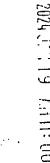
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dld - Apron - Cooking Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Styphanie Potret Name of Person
Cld-Apron_Cooking Firm/Company
SSUSU FOX Squiral Dr. Address
Callahan Fl 32011
Callahy F1 32011 City/State and Zip Code Stephanie J Potet a acl. com E-mail address: (to be used-for future annual report notification)
For further information concerning this matter, please call:
Stephanie Potet at (904) 424-2002 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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

Old-Aprin-Cookin	\ X *	2024 J.T. 19 7H 11: 00
(Name of the Limited Liabi (A Flori	ility Company as it now appears da Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Florida document number 1230005409	Company were filed on 12/ 560	16/23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company her	<u>ere</u> :
The new name must be distinguishable and contain the words "Li	imited Liability Company." the de-	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ecords, <u>enter the name of the new reg</u> ist
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florid	rida street address
	7%.	, Florida Zip Code
	City	Zıp 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 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>	Address	Type of Action
Marager_	Stephanic Poteet	55050 Fox Squintel Dr.	XAdd
g	V	55050 Fox Squirrel Dr. Callahan, FI 32011	□Remove
			□Change
			□Add
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