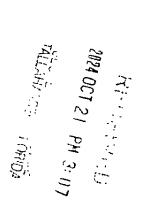
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(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filing (	Officer:	







TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: \$25.00\_\_\_\_\_ Authorization Signature: Cookie's Greenscape LLC L24000380984 **Business Name** #Document # Will wait Walk in Certified Copies of the Articles of Incorporation Certificate of Status **NEW FILINGS AMENDMENTS** \_\_\_\_ Profit X Amendment \_\_\_Resignation of R.A. Officer/Director \_\_ Not for Profit \_\_\_ LLC Change of Registered Agent \_\_\_ Domestication Dissolution/Withdrawal INC Conversion Statement of FACT **CORP** OTHER Merger **REGISTRATION/QUALIFICATIONS OTHER FILINGS** \_\_ Foreign Filing Annual Report Partnership \_\_Reinstatement Fictitious Name CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. \_\_\_\_ APOSTIL **COUNTRY** Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:\_\_\_\_\_

2330 CLARE DRIVE

## **COVER LETTER**

TO: Registration So Division of Cor			
Update Au SUBJECT:	thorizod Person's thie Co	okićs Greensape	LLC
Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carmen Carrazana		
	Name of Person		
	Cookie's Greenscape LLC		
	Firm/Company		
	609 Executive Center Dr Apt 306		
		Address	<del></del>
	West Palm Beach, FL 334	01	
		City/State and Zip Code	
	carmencarrazana17@gmail	.com to be used for future annual report notil	fication)
For further information of	concerning this matter, please ca	·	,
Carmen Carrazana		561 985-9592	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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)
Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cookie's Greenscape LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L24000380984</u> .	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- 1 77
Enter new mailing address, if applicable:		<u>12</u> -
(Mailing address MAY BE A POST OFFICE BOX)		: :2
		;
		1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City , riorida	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 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
PRES	Carmen Carrazana	609 Executive Center Dr Apt 306	□Add
		West Palm Beach, FL 33401	≣Remove
			□ Change
AMBR	Carmen Carrazana	609 Executive Center Dr Apt 306	<b>≡</b> Add
		West Palm Beach, FL 33401	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change
		<del></del>	□Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change

Ç ,	oation, enter change(s) here: (Attach a	v v
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the limited of the limited	block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (3)( filing requirements, this date will not be listed as the
he record specifies a delayed effecti ord is filed.	ive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated August 28	2024	
(	Carmen Carrazana	
<del></del>	Signature of a member or authorized represen	ttative of a member
Carmen Carrazana		
	Typed or printed name of sig	nee

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