L25000026009

(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Enuty Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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2025 FEB 18 AM 9: 23

COVER LETTER

	of Corporations		
	Coast Cookies Babcock Ranch LL	С	
SUBJECT:	Name of Lin	mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing	
	rrespondence concerning this matte	_	
	Ashley Passias		
		Name of Person	
		Firm/Company	
	4074 Ault Ave		
		Address	
	Odessa FL 33556		
		City/State and Zip Code	
	westcoastflcrave@gmail.c	om (to be used for future annual report notil	ication)
For further informa	ation concerning this matter, please		
Ashley Passias		727 4803585 at ()	
,	same of Person	at ()	: Telephone Number
Enclosed is a check	c for the following amount:		
■ \$25.00 Filing I	Fee S30.00 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 A	Address: tion Section	Street Address: Registration Sec	Nion
_	of Corporations	Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 FEB 18 AM 9: 23

West Coast Cookies Babcock Ranch LLC

(Name of the Limited Liability Company as it now appears on our records) (Name of the Limited Liability Company) ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company	y were filed on 01/14/2025	and assigned
Florida document number L25000026009		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
West Coast Cookies at Babcock Ranch LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u> </u>
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 addres	NS .
		orida
	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.

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
CEO	Sotirios Passias	4074 Ault Ave Odessa FL. 33556	= Add
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Effective date, if other the fan effective date is listed, the ender If the date inserted in document's effective date o	date must be specific a rithis block does not	nd cannot be prior to t meet the applicab	date of filing or more le statutory filing re	than 90 days after file equirements, this de	ing.) Pursua	ant to 60 at be lis	5.0207 (ted as (
e record specifies a delayed rd is filed.	effective date, but n	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th	day afte	er the
January, 2nd Dated		2025	. •				
		·	\sim				
	Signature of	5/4/	ved representative of				

Filing Fee: \$25.00