N18000012328

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COVER LETTER

TO: Amendment Section Division of Corporations LOVE, COOKIES, INC. NAME OF CORPORATION: N18000012328 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah Huaman (Name of Contact Person) Love, Cookies, Inc. (Firm/ Company) 337 Legacy Park Drive (Address) Casselberry, FL 32707 (City/ State and Zip Code) lovecookieslovepeople@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Huaman 407.222.8205 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ★\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LOVE, COOKIES, INC.

LOVE, COOKIES, INC.	
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
N18000012328	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
Not Applicable	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	Not Applicable
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>
. 37	
	11 . 15
C. Enter new mailing address, if applicable:	Not Applicable
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Not Applicable , , , , ,
	. D
	CC 11 Clark I was the many of the
 If amending the registered agent and/or registered of new registered agent and/or the new registered offic 	
·	
Name of New Registered Agent:	pplicable
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
	, , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

address of each Office (Attach additional she Please note the officer P = President; V= Vic Executive Officer; CF held. President, Treas Changes should be no	cer and/or Dir vets, if necessar v/director title to ce President; T O = Chief Find surer, Director oted in the Jollo	ector being added: y) by the first letter of the office title: Treasurer; S= Secretary: D= Direct ancial Officer. If an officer/director ho would be PTD. wing manner. Currently John Doe is I	each officer/director being removed and title, name, and for; TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office isted as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change.
a change, Mike Jones Mike Jones, V as Rem Example: X_Change X_Remove X_Add	ove, and Sally $\frac{YT}{V}$		a 3. These should be noted as 30th 1900, 14 as a Change.
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	<u>s</u>	Janene Urichko	Winter Springs, FL 32708 US
Remove 2) Change Add	<u>s</u>	Nicole Grey	Winter Springs, FL 32708 US
X Remove 3) Change X Add	P	Jeremy Penn	306 Laurel Court Sanford, FL 32773 US
Remove X Change	<u>T</u>	Martha Tracey	516 Baywood Court Altamonte Springs, FL 32714 US
Add			Attanione Springs, PL 32714 US
5) Change Add Remove			
5) Change			

__ Add

_ Remove

rk.	01/21/2019 e date of each amendment(s) adoption:, if of	nen than th
	e this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	1
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nument's effective date on the Department of State's records.	as the
١d٥	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 1/24/2019	
	Signature Canone Wrichho	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Janene Urichko	
	(Typed or printed name of person signing)	
	Secretary (Title of person signing)	
	(Title of person signing)	