

L16000152845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAR -6 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 7 2017

To whom it may concern:

Please note, the name change for this business is simply the inclusion of spaces between words.

The current name, Smoke'n'Donuts, is missing a space between the word Smoke and the letter 'n'. It is also missing a space between the letter 'n' and the word Donuts.

Thank you!

Best regards,

Ian Russell
Owner, Smoke 'n' Donuts

Daytime Phone : 347-228-0419

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smoke'n'Donuts L.L.C.

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:

Ian Christopher Migliorini Russell

Name of Person

Smoke'n'Donuts L.L.C.

Firm/Company

939 Framlingham Court #207

Address

Lake Mary, FL 32746

City/State and Zip Code

admin@smokendonuts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian Christopher Migliorini Russell

Name of Person

at 347 228-0419

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

Smoke'n'Donuts L.L.C.

Page 1 of 3

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>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

FILED
MAR 17
AMBR -
ADD
REMOVE
CHANGE
MAR 22

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 2nd, 2017

Signature of a member or a

Signature of a member or authorized representative of a member

Ian Christopher Migliorini Russell

Typed or printed name of signee

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on the earlier of:
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