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D. BRUCE

FEB 15 2011

EXAMINER

COVER LETTER

то:	Registration Sco Division of Corp			
SUBJECT: EMST Donuts, LLC				
		Name of Limi	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sul	omitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
			Jared M. Grifoni, Esq.	
Name of Person				
Gulf Coast Legal, PLLC				
Firm/Company				
	6685 Collier Blvd			
Address				
Naples, FL 34114			5	
City/State and Zip Code				
jmg@gulfcoastlegal.net				
		E-mail address: (to be used for future annual report notification)	TAR ASS
For furt	her information co	oncerning this matter, please of	all:	EB 14 PM ETARY OF S HASSEE, FL
	Jared N	M. Grifoni, Esq.	at (_239_)206-4466	FILED TEBIL PH & RETARY OF STATE AHASSEE, FLORE TO STATE TO ST
	Name of	Person	Area Code & Daytime Telephone I	OF STATE ORIDA
Enclose	d is a check for the	e following amount:		
₹ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EM	ST Donuts, LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number L03000014895			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	<u>2</u> ;	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			11 F
(Principal office address MUST BE A STREET ADD	RESS)		ARE ES 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ARY OF STATE SSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> **Address** Type of Action MGR Justin C. Shaw 27820 S. TAMIAMI TRAIL UNIT 1 _ Add ✓ Remove Bonita Springs, FL 34134 C.C. Donuts, LLC MGRM 6685 Collier Blvd. **✓** Add Remove Naples FL 34114 ___ Add Remove ∏ Add Remove ∏Add Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 10 2011 Dated as More (De SILL Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

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