## L05000107462

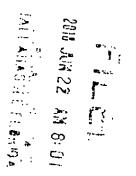
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| PICK-UP WAIT MAIL                       |
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J. HARR!S

## COVER LETTER , ,

|                          | egistration Sec<br>ivision of Corp |  |   |  |
|--------------------------|------------------------------------|--|---|--|
| eud (674                 |                                    | UTS HOLDINGS, L.L.C.                         |   |  |
| SUBJECT                  | •                                  | Name of Limit                                | ted Liability Company   |  |
| The enclos               | sed Articles of A                  | amendment and fee(s) are subn                | nitted for filing.  |  |
| Please retu              | irn all correspor                  | dence concerning this matter to              | o the following:  |  |
|                          |                                    | Raymond G. Robison                           |   |  |
|                          |                                    |  | Name of Person  | <del></del>  |
|                          |                                    | Fox, Wackeen, Dungey                         |   |  |
|                          |                                    |  | Firm/Company  |  |
| 3473 SE Willoughby Blvd. |                                    |  |   |  |
|                          |                                    |  | Address   | <del></del>  |
|                          |                                    | Stuart, Florida 34994                        |   |  |
|                          |                                    |  | City/State and Zip Code   | <del></del>  |
|                          |                                    | laskaris9@aol.com                            | o be used for future annual report notific                          | estion)  |
| For furthe               | r information co                   | encerning this matter, please ca             |   |  |
| Raymond                  | G. Robison                         |  | 772 287-4444  |  |
|                          | Name of                            | Person                                       | at ()<br>Area Code Daytime  | Telephone Number   |
| Enclosed                 | is a check for th                  | e 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, F1. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IOAN DONUTS HOLDINGS, L.IC.   |  |  |
|---|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited)   | ny as it now appears on our records.<br>Liability Company) | 1  |
| he Articles of Organization for this Limited Liability Company  | were filed on 11/04/2005                                   | and assigned   |
| lorida document number L05000107462   |  |  |
| his amendment is submitted to amend the following:  |  |  |
| If amending name, enter the new name of the limited liah  | ility company here:  |  |
| OAN DONUTS HOLDINGS, LLC  |  |  |
| he new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC"                       | or the abbreviation "L.L.C."   |
| inter new principal offices address, if applicable:   |  |  |
| Principal office address MUST BE A STREET ADDRESS)  |  | C= 2445.   |
| incipal affect and the second |  | 10. Hall 18 12.  |
|   |  | 22 Pm  |
| at a second discondition of the particular  |  | The state of the s |
|   | · · · · · · · · · · · · · · · · · · ·                      | di CO  |
| Mailing address MAY BE A POST OFFICE BOX  |  |  |
|   |  | <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 or registered agent and/or the new registered office address her  | ffice address on our records,                              | 22   |
| egimered agent union vine near regimered  | <b>-</b>   |  |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  | <u> </u>   |  |
|   | Enter Florida street address                               |  |
|   | , Flor   | rida   |
|   | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action               |
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| Mactive data if ather than  | the date of filing                          | :  |   | (optio   | nal)                                 |                        |
| necuve date, n other than   | must be specific and<br>is block does not m | cannot be prior to d<br>eet the applicable | late of filing or more<br>statutory filing re | than 90 days after t<br>equirements, this      | filing.) Pursuant<br>date will not b | to 605.0.<br>pe listed |
| an effective date is listed, the date   | ie Department of St                         | inte's records                             |   |  |                                      |                        |
| an effective date is listed, the date fote: If the date inserted in th  | ic isepartment of st                        | inte s records.                            |   |  |                                      |                        |
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Filing Fee: \$25.00