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COVER LETTER

	ration Se on of Cor	ction porations	· .						
SUBJECT:	PSL	Donuts, LLC Name of Lim	ited Liability Company						
The enclosed Ai	rticles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all	correspo	ndence concerning this matter	to the following:						
		Dean L. Willbur, Jr.							
		DEAN L. WILLBUR, JR.	Name of Person , P.A.						
	Firm/Company 11380 Prosperity Farms Road, Ste. 110A								
		dean@deanlwlaw.com	City/State and Zip Code						
For further infor	mation co	E-mail address: (concerning this matter, please ca	to be used for future annual report noti all:	fication)					
Dean L. Willbu	ır, Jr.		561 775-7577						
	Name of	l'Person		e Telephone Number					
Enclosed is a ch	eck for th	e following amount:							
■ \$25.00 Filin	g 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:

TO:

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

PSL Donuts, LLC			
(Name of the Limited Liab (A Flori	ility Company as it now app ida Limited Liability Company	cars on our records.) y)	
The Articles of Organization for this Limited Liability	Company were filed on	June 29, 2006	and assigned
Florida document number <u>L06000066190</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company	here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			a ₹,
Principal office address MUST BE A STREET ADD	<u>ORESS)</u>		SEI SEC
			— — — — — — — — — — — — — — — — — — —
Enter new mailing address, if applicable:			S AMI
Mailing address MAY BE A POST OFFICE BOX)			0. 2.
			8 2
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records, ente	r the name of th
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter F	Florida street address	
	Enter F	Florida street address , Florida	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	James E. Allen	10 Woburn St. Lexington, MA 02420	□ Add
			≅ Remove
			Change
MGR	Patrick T. Caine	349 Hope St. Providence, RI 02906	
			■ Remove
			Change
AMBR	Mystic Valley Management Inc.	2642 SE Willoughby Boulevard Stuart, FL 34994	■ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		-	Add
			Remove
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e <mark>ctive date,</mark> i effective date	is listed, the d	late must be sp	ecific and a	annot be pr	ior to date o	f filing or m	ore than 90	days after fil	ing.) Pursuar	nt to 6	505.020
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differit s erre	ctive date of	r the Departi	icit of 5ta	ne s recor	us.						
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Typed or printed name of signee

Filing Fee: \$25.00