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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET

Account Number : 076666002273

Phone : (904)398-3911

Fax Number

: (904)396-0663

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Johns Donuts, LLC					
(Name of the Lin	nited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	)		
The Articles of Organization for this Limited	Liability Company were	filed on 2-12-2010	aı	nd assig	med
Florida document number L10000016766	·				
This amendment is submitted to amend the fo	llowing;				
A. If amending name, enter the new name	of the limited liability (	company here:			
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" of	or the abbreviat	on "L L	C.P
Enter new principal offices address, if appli	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	3 BOX)				
B. If amending the registered agent and registered agent and/or the new registered of		address on our records,	enter them	2016 TAN	the-new
Name of New Registered Agent:	Richard Q. Lewis, III		SSEE: F	23 A	
New Registered Office Address:	100 Whetstone Place,		<u> </u>	_5_	
	<b>.</b>	Enter Florida street address		<b>6</b> 0 :	
	St. Augustine	Tlori	da 32086 Zip (	Code	
			<u> </u>		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

If amendi	ng Authorized Person(s) authorized to d from our records:	o manage, <u>coter the title, name,</u> a	and address of each person being added
MGR = 1 AMBR =	Manager Authorized Member		
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March	<u> </u>	,	20/	<u> </u>						
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