

2012-08-28 10:13 TRIA

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
D & S WATER BAGELS, LLC

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

D & S WATER BAGELS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/28/2011 and assigned
Florida document number L11000123280.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NRAI Services, Inc.

New Registered Office Address:

515 East Park Ave

Enter Florida street address

Tallahassee

Florida

32301

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.

Mary Paris, Assistant Secretary
If Changing Registered Agent, Signature of New Registered Agent

12/1/11
TALLAHASSEE
FLORIDA
SECRETARY
OFFICE

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>MD/NA Limited Partnership</u>	<u>2851 John Street, Suite One</u> <u>Markham Ontario L3R 5R7</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>D'ANGELO, MICHAEL III</u>	<u>300 N A1A UNIT I-102</u> <u>JUPITER FL 33477</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>D'ANGELO, ANNE</u>	<u>300 N A1A UNIT I-102</u> <u>JUPITER FL 33477</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

Signature of a member or authorized representative of a member

Robert S. Green, Authorized Representative

Typed or printed name of signer