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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

DOUGHBOY BRANDS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN PASSARIELLO

Name of Percor

PASSARIELLO & STAIANO CPA PA

Firm/Company

2953 W CYPRESS CREEK RD STE 101

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

PNSCPA@GATE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN PASSARIELLO

.954.977-0900

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Q\$30.00 Filing Fee & Certificate of Status

☐S55.00 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUGHBOY BRANDS, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reco	erds,)
The Articles of Organization for this Limited Liability Comp. Florida document number		
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 "L.L.C."	Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		! r ~⊃
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		22
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	rida
	City	Zin Coda

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	Name	Address	Type of Action
MGRM	FRANK M. DEVITO	P.O. BOX 1238	Add
		PALM CITY, FL 34991	Remove
MGRM	CHRISTINA DEVITO	8664 WELLINGTON VIEW DRIV	E Add
		WEST PALM BEACH, FL 3341	1 Remove
			Add
			Remove C 23
·		3	Add
			Add Remove
		,	
			Add Remove
			Kemove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dai	DECEMBER 5 2013
•	x Juli R Millett
	Signature of a member or authorized representative of a member
	X DONALD K ROBBERSTAD
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00