(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<del>•</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

G. MCLEOD

OCT 17 2012

**EXAMINER** 



200240546352

10/15/12--01016--019 \*\*60.00

## COVER LETTER

TO:	Registration Section Division of Corporations		ñ <sup>u</sup> ,		ин	, populiti	180
SÚBJI	ECT:	PC 82	291 DD ed Liability Comp	LLC			
The en	iclosed Articles of Amendment	and fee(s) are subr	nitted for filing.				
Please	return all correspondence conc	erning this matter t	to the following:				
		David	McNu Name of Pers	.lty	<del></del>		
				nagement			
				1 Blvd. 7			
		Adminis E-mail address: (to	tractor & r	FL 3 Code ncnuttyman annual report notificat	agement.n	ret	
For fu	rther information concerning th	is matter, please ca	11:				
	Mame of Person	<u>-</u>	at ( <b>239</b> An	628 - 480 ea Code & Daytime T	08 elephone Number		
Enclos	sed is a check for the following	amount:			,		
<b>\$2</b> :		Filing Fee & ificate of Status	\$55.00 Filing Certified C (additional		Certified	e of Status &	sed)

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

	BC	8291	DD,	LLC.	doa	Dunkin	Donat
( <u>Na</u>	ne of the Lin	ited Liability (A Florida L	Company a imited Liabi	s it now appea lity Company)	ers on our rec	ords.)	_
The Articles of Organization f	or this Limite	ed Liability Co	ompany we O	re filed on	7/13	/2012 and	assigned
This amendment is submitted	to amend the	following:					
A. If amending name, enter	the new nan	ne of the limit	ed liability	company he	e <u>re</u> :		
BC 9	3291	DAND.	uc.	de	Junkin'	Donuts	
The new name must be distingui "L.L.C."	shable and en	d with the word	ls "Limited	Liability Comp	any," the design	gnation "LLC" or 1	the abbreviation
Enter new principal offices a	•	•			-	ALCAE HA	12 00
(Principal office address MU.	<u>ST BE A STI</u>	<u>REET ADDR.</u>	<u>ESS)</u> _	_	<del></del>	ASS	C) PROZER
Enter new mailing address, i	f applicable	:	-			EE. FLO	원 <u>기</u> 2: 그
(Mailing address MAY BE A	POST OFFI	(CE BOX)	_			SO.	05
B. If amending the registoregistered agent and/or the r				address on	our records	, enter the nam	ne of the new
Name of New Regist	ered Agent:						
New Registered Offi	ce Address:	<del></del> -			nter Florida s	street address	
			Li				
			C	ity	, Fl	orida 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.

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> **Type of Action** <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_

Typed or printed/name of signee
Page 2 of 2

David

Signature of a member or authorized representative of a member

Filing Fee: \$25.00