L14000004975

Office Use Only



400256431784

02/07/14--01007--005 **25.00

THEB-7 PH 1:16

FEB 1 0 2014 T CLINE

COVER LETTER

· ·	
TO: Registration Section Division of Corporations	
SUBJECT: Belleview Dunkin, 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:	
Dawn Tottel	
Name of Person	
Firm/Company	
1623 SW 1st Ave	20 20
Address	
Ocala, FL 34471	2014 FEB -
City/State and Zip Code	m _ m
dtottel@aol.com	
E-mail address: (to be used for future annual report notification)	175
For further information concerning this matter, please call:	्रांसि 🙃
Dawn Tottel 352, 732-9844 x831	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	e of Status &

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

Belleview Dunkin, LLC				
(Name of the Limited Liabi (A Flori	i <mark>lity Company as it now appears on our r</mark> da Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability	Company were filed on 01/09/20	14	and assig	ned
Florida document number L14000004975				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
Belleview Donuts, LLC				
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation	n "LLC" or the abbrev	iation "L.L.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	ر المراجع المر	20	
			-	پيسترسان د داد
		us han 1	. 5	perfecency in
Enter new mailing address, if applicable:		اهله () - ام و م ام و م ام ام ام	<u>;</u>	Land
(Mailing address MAY BE A POST OFFICE BOX)			PH	1 1
(maining unaress MAT BE AT OST OFFICE BOX)	1,000			***************************************
		<u>ان</u> الرابع		
B. If amending the registered agent and/or regi	istored office address on our rac	ords ontor the		the no
registered agent and/or the new registered office ad-		torus, <u>enter the</u>	Haine OI	the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	ddress		
		_, Florida		
	City	Z	ip 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
<u> </u>			
			Remove
			□ Remove
			ZBI FEB - Add
			□ Remove
			<u> </u>
		-	
			Remove
<u>.</u>			
			□ Remove

fective date, if other than the d	ate of filing: 02/10/2014	(optional)
effective date must be specific, cannot edate this document is filed by the Flori	be prior to date or receipt or fried date and cannot b	e more than 90 days after
February 5	2014	
leu		
		of a mamban
	parture of a member or authorized representative	or a member
Dawn Tottel	grature of a member or authorized representative	or a member

Page 3 of 3

Filing Fee: \$25.00