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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050003052
Phone : (850) 656-7956
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

RECEIVED

14 OCT 29 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BELLEAIR DONUTS, LLC**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

FAX

Date: 10/29/2014 01:54:16 PM -0400

Pages: 4

Subject: Domestic LLC Amendment - L14000033669

To:

Organization:

Fax Number: 8506176383

Phone Number:

From:

Organization:

Fax Number:

Phone Number:

Email: rkent@incserv.com

Comments:

Renee T. Kent
Senior Client Services Representative
Incorporating Services, Ltd.
3500 S DuPont Highway
Dover, Delaware 19901
800.346.4646
302.531.0713 (direct)
INCserv.com
MyISL(tm) <<https://clients.myisl.net/myisl/login.aspx>>

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* Google+<<https://plus.google.com/116111501212340680624>>
* Blog<<https://incserv.com/blog>>

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2014 OCT 29 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Belleair Donuts, 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 02/27/2014 and assigned
Florida document number L14000033669.

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)

18417 US Highway 19 North

Clearwater, FL 33764

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18417 US Highway 19 North

Clearwater, FL 33764

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:

New Registered Office Address:

18417 US Highway 19 North

Enter Florida street address

Clearwater

City

Florida 33764

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CDN, LLC	18417 US Highway 19 North	<input type="checkbox"/> Add
		Clearwater, FL 33764	<input checked="" type="checkbox"/> Remove
MGR	Purple Square Management Company, LLC	18417 US Highway 19 North	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33764	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 28, 2014.



Signature of a member or authorized representative of a member

Vikalp Patel

Typed or printed name of signee

FILED
 2014 OCT 29 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA