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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TALLAHASSEE, FLORIO

07/15/24

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 7/15/2024

PRIORITY Regular Approval

OUR REF.# (Order_ID#); 1269070

ORDER ENTITY
BELLEAIR DONUTS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BELLEAIR DONUTS, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, July 15, 2024 Page 1 of 1

COVER LETTER

| TO: | Registration Se Division of Cor | | | | | | |
|---------------|------------------------------------|---|---|--------------------------|---|-------------|---|
| end no | | R DONUTS, LLC | | | | | |
| SUBJE | LI; | Name of Lim | ited Liability Company | | _ | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please re | eturn all correspo | indence concerning this matter | to the following: | | | | |
| | | Samantha O'Neill | | | | | |
| | | | Name of Person | | _ | | |
| | | Paris Ackerman LLP | | | | | |
| | | | Firm/Company | | | | |
| | | 120 Eagle Rock Ave, Suit | e 315 | | | | |
| | | | Address | | | | |
| | | East Hanover, NJ 07936 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | vikp@psqmc.com | to be used for future annual | report positivation | _ <u>:</u> .; | , . · · · | |
| For furt | her information c | oncerning this matter, please c | | iciani manifedanon, | 7 E | 5 | |
| Samant | ha O'Neill | | | 7-3225 | SSEE. | PH | - |
| | Name o | l'Person | at () Area Code | Daytime Telephone Nur | TATE OF THE STATE | 5 PH 12: 42 | ٠ |
| Enclose | d is a check for th | he following amount: | | | | | |
| ■ \$25 | .00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enc | Certi losed) Certi | 0 Filing Fe ficate of St fied Copy ional copy is | tatus & | |
| | Mailing Addres Registration 5 | | <u>Street Ac</u> Registra | Idress: ation Section | | | |
| | Division of C | | | n of Corporations | | | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 $\frac{02/27/2014}{1}$ and assigned Florida document number E14000033669 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 contain the words "Limited Liability Company," the designation "L.L.C." 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) Ţ٦. 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: Enter Florida street address _, Florida __

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------------------|----------------|
| MGR | Angel 469, LLC | 3030 North Rock Point Drive West | □Add |
| | | Suite 262 | ■Remove |
| | | Tampa, F1. 33607 | □Change |
| MGR | Vikalp Patel | 3030 North Rock Point Drive West | |
| | | Suite 262 | □Remove |
| | | Tampa, FL 33607 | □Change |
| | | | |
| | | | Remove |
| | | | ☐Change |
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| ective date, if other than the date of filing: | ריז N(optional) |
| n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable state nument's effective date on the Department of State's records. | filing or more than 90 days after filing.) Pursuant to 605,020 |
| ecord specifies a delayed effective date, but not an effective time, at 12 s filed. | 2:01 a.m. on the earlier of: (b) The 90th day after th |
| June 4th , 2024 | |
| Signature of a member or authorized repr | |
| | recentative of a manufac |

Filing Fee: \$25.00