(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
<u></u>	WAIT	_	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



500260215305

05/28/14--01015--023 \*\*425.00

JUN 04 2016

i, okul

### COVER LETTER

TO:	Registration Section
	Division of Corporations

## Airport Plaza Donuts, 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:

## Eugene H. Gaudette

# Law Office of Eugene H. Gaudette

Firm/Company

PO Box N

Sanford, ME 04073

City/State and Zip Code

tiffany@ehglaw.com

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

For further information concerning this matter, please call:

### Eugene H. Gaudette

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 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

Airport Plaza Donuts, LLC				
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab Florida document number L14000050945		and ass	igned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability company here:			
The new name must be distinguishable and end with the wor	rds "Limited Liability Company." the designation "LLC" or the abb	reviation "I	L.L.C."	_
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BO	DX)			
B. If amending the registered agent and/or	registered office address on our records, enter th	ne name	23) is of the	new
registered agent and/or the new registered offic		\$\tau_{\tau_{\tau}}\tau_{\tau_{\tau}}	X	E to F (a)
			28	1
Name of New Registered Agent:		10 m	70	Fit
New Registered Office Address:		زيد. ديد ريد		71782
ivew inegistered Office Address.	Enter Florida street address		<u> </u>	
	, Florida	#i		
	Cin	Zin 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Cafua	280 Merrimack St	Add
		Methuen, MA 01844	■ Remove
MGR	David Cafua	280 Merrimack St	
		Methuen, MA 01844	Remove
MGR	Gregory Cafua	280 Merrimack St	
		Methuen, MA 01844	■ Remove
MGR	Fernando Cafua	12236 Tillinghast Circl	— <u>e</u> <sub>■ Add</sub>
		Palm Beach Gardens, FL 334	18 ☐ Remove
			HAY
			28 T
			□ Add
			□ Remove

If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
of Market CV	
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	c of receipt or filed date and cannot be more than 90 days after of State)
Dated May 23	201⁄4
Dated Way 25	
Signature of a n	nember or authorized representative of a member
Eugene H. Gaudette	
<del></del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

