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COVER LETTER

TO:	Registration Section
	Division of Cornoration

West 49th 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

Address

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

324-1551

Daytime Telephone Number

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

West 49th Donuts, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L14000050965</u>	y Company were filed on March 27, 2014	_ and assigned
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 abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter th</u> <u>address here</u> :	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		75 20
New Negistard Strice 1 Marcos	Enter Florida street address	H HA
-	, Florida	Zip Gode N
New Registered Agent's Signature, if changing Regist		
provisions of all statutes relative to the proper an accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree ad complete performance of my duties, and I am fan ad agent as provided for in Chapter 605, F.S. Or, if tered office address, I hereby confirm that the limit age.	niliar with and the this document is

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>	<u>Address</u>	Type of Action
MGR	Mark Cafua	280 Merrimack St	
		Methuen, MA 01844	■ Remove
MGR	David Cafua	280 Merrimack St	
		Methuen, MA 01844	■ Remove
MGR	Gregory Cafua	280 Merrimack St	Add
		Methuen, MA 01844	■ Remove
MGR	Fernando Cafua	12236 Tillinghast Circ	le _{■ Add}
		Palm Beach Gardens, FL 334	18 ☐ Remove
			MAY NO PA
			☐ Add Add Add Remove

amending any other information, enter ch	hange(s) here: (Attach additional sheets, if necessary.)
, ,	
ffective date, if other than the date of filing ne effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	te of receipt or filed date and cannot be more than 90 days after
May 23	. 2014
	member or authorized representative of a member
Signature of a m	ittetileet et natitetizea regresentative eta member
Eugene H. Gaudette	

Page 3 of 3

Filing Fee: \$25.00

