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JUN 04 2014

### COVER LETTER

TO: Registration Section
Division of Corporations

RIFCT: University Drive 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

Name of Person

# 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

,207,324-155°

Name of Person

Area Code

Daytime Telephone Number

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 2014 HAY 28 PM 1:51

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

University Drive Donuts, LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Florida document number L14000050974	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 l	imited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:		2114
New Registered Office Address:		
	Enter Florida street address	28
	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	•	- 1 ·
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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>	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 Circ	e <sub>■ Add</sub>
		Palm Beach Gardens, FL 334	Remove 28 PH Remove 25 PH Remov
			□ Add

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Page 3 of 3

Filing Fee: \$25.00

