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7/30/2014

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7/30/2014 10:45:56 AM -0400

L140001802023ABCs

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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((H140001802023ABCs))



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To:

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

From:

Account Name : INCORPORATING SERVICES FL
Account Number : 120050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2014 JUL 30 AM 8:16

FILED

STATE OF FLORIDA
DEPARTMENT OF STATE
REGISTRATION SECTION

RECEIVED

14 JUL 30 AM 6:46

STATE OF FLORIDA
DEPARTMENT OF STATE
REGISTRATION SECTION

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALLAWAY DONUTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT 2014 JUL 30 AM 8:16
TO
ARTICLES OF ORGANIZATION SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OF

Callaway 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 5/08/2014 and assigned Florida document number L14000075116.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 _____
City 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	Panama City Donut Network LLC	1822 N. Belcher Road Suite 100 Clearwater, FL 33765	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Purple Square Management Company, LLC	1822 N. Belcher Road Suite 100 Clearwater, FL 33765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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(5/5) 07/30/2014 10:47:27 AM -0400

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 July 29, 2014



Signature of a member or authorized representative of a member

Vikalp Patel

Typed or printed name of signee

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Filing Fee: \$25.00

2014 JUL 30 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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