

# L14000109924

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000266575770

11/19/14--01023--005 \*\*50.00

FILED

2014 NOV 19 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouligan DEC 2 - 2014



**MANAGEMENT  
COMPANY LLC & Affiliates**  
LEGAL DEPARTMENT

897 Main Street  
P.O. Box N  
Sanford, Maine 04073

**Eugene H. Gaudette, Esq.**  
General Counsel

ehg@ehglaw.com email  
207-324-1551 office  
207-636-8480 fax

November 17, 2014

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Articles of Amendment

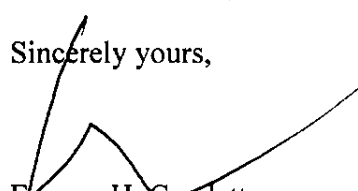
To Whom It May Concern:

Enclosed for consideration and filing the Articles of Amendment for the following  
Limited Liability Companies:

- Antonios Donuts, LLC
- Markos Donuts, LLC

Also enclosed is a check in the amount of \$50.00 representing the fees for these  
transactions. If you have any questions please do not hesitate to contact me.

Sincerely yours,

  
Eugene H. Gaudette

EHG/tc  
Enclosure



**DUNKIN'  
DONUTS®**

AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE NETWORK.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Antonios 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:

Tiffany Camire

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:

Tiffany Camire

at (207) 324-1551

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
**2014 NOV 19 PM 4: 19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Antonios 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 July 11, 2014 and assigned Florida document number L14000109924.

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*

*City*

*Florida*

*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>
MGR	David Cafua	280 Merrimack St, Methuen, MA 01844	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Gregory Cafua	280 Merrimack St, Methuen, MA 01844	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Eugene H. Gaudette	897 Main St, Sanford, ME 04073	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

---

---

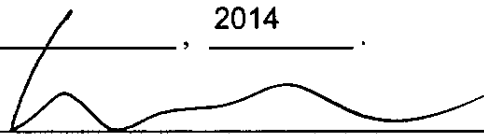
---

---

**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 November 17, 2014.



Signature of a member or authorized representative of a member

Eugene H. Gaudette

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**2014 NOV 19 PM 4:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**