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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# incserv°

#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 6/6/2024

**PRIORITY** Regular Approval

OUR REF.# (Order ID#) 1260451

ORDER ENTITY :

CROSS CREEK DONUTS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: CROSS CREEK DONUTS, LLC (FL)	,
File the attached amendment	FIZH JUN - SECRETA TALLA
NOTES: \$25.00 Authorized	BY OF ST
DETUDN/EQDWADDING INSTRUCTIONS:	58 8

RETURN/FORWARDING,INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, June 6, 2024 Page 1 of 1

#### **COVER LETTER**

•		COVEREELLER	
TO: Registration Division of C			
	CREEK DONUTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Samantha O'Neill		
		Name of Person	<del></del>
	Paris Ackerman LLP		
		Firm/Company	<del>_</del>
	120 Eagle Rock Ave. Suit	e 315	
		Address	_
	East Hanover, NJ 07936		2021 SE
	vikp@psqmc.com	City/State and Zip Code	2024 JUN -6 MM 11:58 SECRETARY OF STATE TALLAHASSEE, FI
		(to be used for future annual report notification)	IN -6 MI
For further information	reconcerning this matter, please c	rall:	
Samantha O'Neill		973 747-3225	1. 51 1. 51
Nam	e of Person	Area Code Daytime Telephone Num	her in
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification C	Filing Fee, icate of Status & ied Copy mal copy is enclosed)
<u>Mailing Add</u> Registration		Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROSS CREEK DONUTS, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	1
The Articles of Organization for this Limited Liability Comp.	any were filed on 07/14/2014	and assigned
Florida document number L14000110653		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	jability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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 offingent and/or the new registered office address here:	ce address on our records, <u>enter tl</u>	SECRETARIA OF THE MEN registere That I ame of the men registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	. Flor	ida
	rior	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angel 469, LLC	3030 North Rock Point Drive West	□Add
		Suite 262	<b>≅</b> Remove
		Tampa, Ft. 33607	□Change
MGR	Vikalp Patel	3030 North Rock Point Drive West	■Add
		Suite 262	□Remove
		Tampa, FL 33607	□Change
			□Add
			SECRETARY
		; ;	Add Fig. 1
			□Change
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			□Change
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			□Remove
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an effec lote: If	e date, if other than the date of filing:
record Lis filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	June 4th 2024
	\ <b>\</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Aun
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00