No. 0410

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000072547 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET

Account Number: 076666002273 : (904)398-3911

Fax Number : (904)396-0663

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

| Email | Address: | | • | | |
|-------|----------|--|---|--|--|
|-------|----------|--|---|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 207 DONUTS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

MAR 23 2016

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Chame of the Lim | ited Liability Company (A Florida Limited Liab | es it now appears on our rec ility Company) | ords.) |
|--|--|---|---|
| The Articles of Organization for this Limited I | Liability Company we | re filed on <u>9-24-2014</u> | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability | company here: | |
| The new name must be distinguishable and contain the | words "Limited Liebility (| Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: _ | | 16 LECR |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | _ | | 22 SF |
| Enter new mailing address, if applicable: | | | AT PL |
| (Mailing address MAY BE A POST OFFICE | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ds, enter the name of the new |
| Name of New Noglatered rigota, | | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | 100 Whetstone Place | ee, Suite 200 Enter Florida street add | WEF |
| | | | |
| | | Clty | Florida 32086 21p Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the | er and complete per istered agent as prov | formance of my duties, ided for in Chapter 603 | and I am familiar with and 5, F.S. Or, if this document is |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

| <u>Tìtle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|------------------------------------|
| | | - | |
| | | | □ Remove |
| | | | Change |
| | | - | □ Add |
| | | | □ Remove |
| | | | Change H |
| | | | SECRETARY ALLAHASSE Change MAR 22 |
| | | | Remov |
| | | | STATE 9. LL Change LL By |
| | | | □ Add |
| | | | □ Ramove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | · — | |
| | | · | □ Remove |
| | | | □ Change |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

A ...

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
|---|-------------------------------------|---|
| D. It smeaning say other madrination, enter change(s) nere: (Attach chantoner sheets, if necessary) | | |
| | | |
| | | |
| | | |
| | | |
| | , | |
| · · · · · · · · · · · · · · · · · · · | | |
| , | | |
| | 16 | SECF |
| | - T | AHAS AHAS AHAS |
| | 22 A | 34.55 7.45 7.45 7.45 7.45 7.45 7.45 7.45 |
| | 9: | NOTA MES |
| | ‡ | 2 |
| | | |
| · · · · · · · · · · · · · · · · · · · | | |
| E. Effective date, if other than the date of filing; | nt to 605.0207 (the listed as t | (3)(b) the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed. | earlier of: | |
| Dated 5/22 , 2016. | | |
| Signature of a momber or symborized representative of a member | | |
| John Griffey, Manager | | |
| Typed or printed name of signes | | |

Page 3 of 3

Filing Fee: \$25.00