LIU00	0110136
(Requestor's Name) (Address)	000428443810
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 2024 JUN-6 PH 2: 52 SEORE LANKER STATE MILLANSSEL FLORING

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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

FROM

**TO** Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 Melissa Moreau mmoreau@incserv.com 850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 6/6/2024

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1260451

ORDER ENTITY

## PLEASE PERFORM THE FOLLOWING SERVICES: BEACH PARKWAY DONUTS LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

## **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I2005000052

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.

# **COVER LETTER**

#### TO: Registration Section Division of Corporations

BEACH PARKWAY DONUTS LLC SUBJECT:

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:

Samantha O'Neill

Name of Person

Paris Ackerman LLP

Firm/Company

120 Eagle Rock Ave. Suite 315

Address

East Hanover, NJ 07936

City/State and Zip Code

vikp@psqmc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha O'Neill

Name of Person

973 747-3225 \_ at (\_\_\_\_\_) \_\_\_\_\_Area Code \_\_\_\_\_Dayt

e Daytime Felephone 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 tadditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

#### BEACH PARKWAY 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 10/31/2014 \_\_ and assigned Florida document number L14000170136

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC		
Enter new principal offices address, if applicable:	SEC.	
(Principal office address MUST BE A STREET ADDRESS)	NU	1
	<b>5</b> [	
		1),
Enter new mailing address, if applicable:	œ	
(Mailing address MAY BE A POST OFFICE BOX)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

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 stree	1 address
		. Florida
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Angel 469. LLC	3030 North Rock Point Drive West	🗆 Add
		Suite 262	Remove
		Tampa, FL 33607	□Change
MGR Vikalp Patel	Vikalp Patel	3030 North Rock Point Drive West	🖬 Add
	Suite 262	🗆 Remove	
	Tampa, FL 33607	□Change	
			🗆 Add
			🗆 Remove
			🗆 Add
		C]Remove	
	- <u></u>		
<u> </u>			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record 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 record is filed.

Dated	June	4th	, 2024	
			N A	
		Signature	of a member or authorized representative of a me	mber

Vikalp Patel, manager

Typed or printed name of signee