

L15000004285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

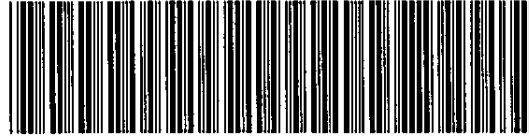
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000272761460

05/13/15--01026--014 **55.00

FILED
2015 MAY 13 AM 10:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 13 2015
J. BRUCE

LISA & SOUSA, LTD.

ATTORNEYS AT LAW

(A PROFESSIONAL CORPORATION)

5 Benefit Street
Providence, Rhode Island 02904
Telephone (401) 274-0600
Facsimile (401) 421-6117

Carl B. Lisa
Louis A. Sousa •
Carl B. Lisa, Jr. •
Sandra Sousa-Marujo •
John J. Poloski, III •
Christopher J. Anasoulis •

Robert G. Branca, Jr. • □
Eugene A. Amelio •
of Counsel

• (Also Member of Massachusetts Bar)
□ (Also Member of District of Columbia Bar)

May 6, 2015

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Vila Franca Donuts, LLC
Our File No. 16343

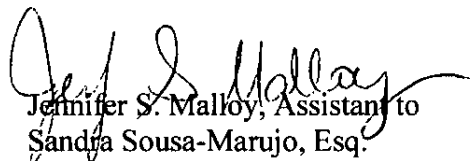
To whom it may concern:

Enclosed please find a check in the amount of \$55.00 representing the filing fee to file the enclosed Articles of Amendment to Articles of Organization and return a certified copy to this office.

Please call with any questions.

Very truly yours,

LISA & SOUSA, Ltd.


Jennifer S. Malloy, Assistant to
Sandra Sousa-Marujo, Esq.

Enclosure
/jsm

FILED
2015 MAY 13 AM 10:35
CLERK OF STATE
TALLAHASSEE FLORIDA

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** VILA FRANCA 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:

Sandra Sousa-Marujo, Esq

Name of Person

Lisa & Sousa, LTD

Firm/Company

5 Benefit Street

Address

Providence, RI 02904

City/State and Zip Code

ssousa@lissasousa.com

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

For further information concerning this matter, please call:

Sandra Sousa-Marujo, Esq.

401

274-0800

Name of Person

at ()
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 32301FILED
2015 MAY 13 AM 10:35
TALLAHASSEE, FLORIDA
CLERK OF STATE

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

(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 January 8, 2015 and assigned Florida document number L1500004285

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

2015 MAY 13 AM 10:5
FILED
DIRECTOR OF REVENUE
TALLAHASSEE, FLORIDA

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

AMMR = Authorized Member

Title	Name	Address	Type of Action
MGR	ALEX DASILVA	6719 Brighton Park Drive	☐ Add
		Appollo Beach FL 33572	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2015 MAY 13 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 4-20-15

X Ralph Delima

Signature of a member or authorized representative of a member

RALPH DELIMA

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

FILED
2015 MAY 13 AM 10:35
CLERK OF STATE
TALLAHASSEE FLORIDA