

L15000120037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

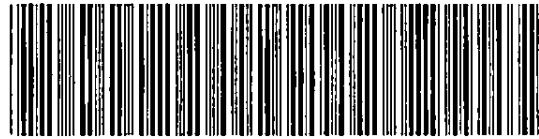
(Document Number)

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FILED

2024 JUL 23 AM 9:19

TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 23 AM 11:25

TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**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** 7/23/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1273045

**ORDER ENTITY**  
15TH STREET DONUTS LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

15TH STREET DONUTS LLC (FL)

File the attached amendment

**NOTES:**

\$25.00 Authorized

**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,

A handwritten signature in black ink, appearing to be "MM", written over a horizontal line.

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**

**SUBJECT:** 15TH STREET 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:

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

973

747-3225

at ( )

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 Address:**

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**

15TH STREET DONUTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2024 JUL 23 AM 9:19

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/13/2015 and assigned  
Florida document number 1.15000120037.

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 contain 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

Florida

City

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 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>    | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|----------------|----------------------------------|--|
| MGR          | Angel 469, LLC | 3030 North Rock Point Drive West | <input type="checkbox"/> Add               |
|              |                | Suite 262                        | <input checked="" type="checkbox"/> Remove |
|              |                | Tampa, FL 33607                  | <input type="checkbox"/> Change            |
| MGR          | Vikalp Patel   | 3030 North Rock Point Drive West | <input checked="" type="checkbox"/> Add    |
|              |                | Suite 262                        | <input type="checkbox"/> Remove            |
|              |                | Tampa, FL 33607                  | <input type="checkbox"/> Change            |
|              |                |                                  | <input type="checkbox"/> Add               |
|              |                |                                  | <input type="checkbox"/> Remove            |
|              |                |                                  | <input type="checkbox"/> Change            |
|              |                |                                  | <input type="checkbox"/> Add               |
|              |                |                                  | <input type="checkbox"/> Remove            |
|              |                |                                  | <input type="checkbox"/> Change            |
|              |                |                                  | <input type="checkbox"/> Add               |
|              |                |                                  | <input type="checkbox"/> Remove            |
|              |                |                                  | <input type="checkbox"/> Change            |
|              |                |                                  | <input type="checkbox"/> Add               |
|              |                |                                  | <input type="checkbox"/> Remove            |
|              |                |                                  | <input type="checkbox"/> Change            |

2024 JUL 23 AM 9:19  
ALLAHSEE, FLORIDA

2024 JUL 23 AM 9:19  
TALLAHASSEE, FLORIDA

77

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 4<sup>th</sup>, 2024

Wm. J. [unclear]

Signature of a member or authorized representative of a member

Vikalp Patel, manager

Typed or printed name of signee

**Filing Fee: \$25.00**