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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
AND ASSET FLORIDA

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COVER LETTER

| TO: Registration Division of | Section Corporations | | | |
|------------------------------|---|---|---|------|
| Peanut SUBJECT: | Donuts, LLC | | | |
| Sobole I. | Name of Limited Liabil | lity Company | *************************************** | |
| The enclosed Articles | of Amendment and fee(s) are submitted fo | r filing. | | |
| Please return all corre | spondence concerning this matter to the fol | lowing: | | |
| | Eugene H. Gaudette | | | |
| | Na | me of Person | | |
| | | rm/Company | | |
| | PO Box N | | | |
| | | Address | | |
| | Sanford, ME 04073 | | | |
| | City/St | ate and Zip Code | | |
| | tiffany@ehglaw.com | | 74.00 | |
| | E-mail address: (to be used | for future annual report notificati | on) | -11 |
| For further information | on concerning this matter, please call: | | 2015 DEC - | FILE |
| Tiffany Camire | n | 207 324-1551 t() | | M |
| Nan | ne of Person | | lephone Number (2) | U |
| | | | lephone Number S | |
| Enclosed is a check for | or the following amount: | | | |
| ■ \$25.00 Filing Fee | Certificate of Status Ce | 5.00 Filing Fee & ertified Copy dditional 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 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Peanut Donuts, LC |
|--|
| (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 and assigned Florida document number |
| 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 Enter Florida street address |
| , Florida , T |
| 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 |

If Changing Registered Agent, Signature of New Registered Agent

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 being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|-----------------------------|--------------------------------|
| MGR | Mark Cafua | 280 Merrimack Street | Add |
| | | Methuen, ME 01844 | ■ Remove |
| | | | ☐ Change |
| MGR | Fernando Cafua | 12236 Tillinghast Circle | Add |
| | | Palm Beach Gardens,FL 33418 | ☐ Remove |
| | | 444 | Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | AHE Remove |
| | | | ASSEE FLORIDA ASSEE FLORIDA |
| | | | ☐ Remove |
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Filing Fee: \$25.00