

15000144932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

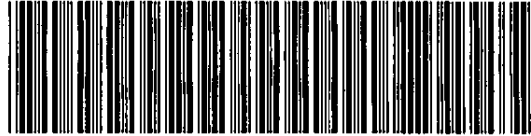
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279382696

12/07/15--01016--014 **25.00

FILED
15 DEC - 7 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 08 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Tree 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:

Eugene H. Gaudette

Name of Person

Firm/Company

PO Box N

Address

Sanford, ME 04073

City/State and Zip Code

tiffany@ehglaw.com

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

For further information concerning this matter, please call:

Tiffany Camire

207 324-1551
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
15 DEC -7 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

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	Mark Cafua	280 Merrimack Street	<input type="checkbox"/> Add
		Methuen, ME 01844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fernando Cafua	12236 Tillinghast Circle	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 DEC 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PM 4:20
Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
15 DEC -7 PM 4 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 3, 2015

Signature of a member or authorized representative of a member

Eugene H. Gaudette

Typed or printed name of signee