

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	-
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

DEC 08 2015 S. YOUNG

## **COVER LETTER**

Div	ision of Cor	porations			
CUDIECE.	Palm Tree	Donuts, LLC			
SUBJECT:		Name of Lim	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Eugene H. Gaudette			
			Name of Person		
			Firm/Company		
		PO Box N			
			Address	- ALL SEC	ភ
		Sanford, ME 04073		AETA	EC -
		tiffany@ehglaw.com	City/State and Zip Code	2//25 17142 17142	ILED
For further in	nformation c	E-mail address: (oncerning this matter, please concerning this matter)	to be used for future annual report notifiall:	ication)	<b>4:</b> 20
Tiffany Cam	ііге		207 324-1551 at ( )	. •	
	Name o	f Person		Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional copy	f Status & py
		ING ADDRESS: ation Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on our r ited Liability Company)	ecords.)
pany were filed on 08/24/2015	and assigned
liability company here:	
Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
<u> </u>	SEC 55
	<u> </u>
	mar m
	PS P
	TATE 2
	>>. ⊖
	cords, enter the name of the
<del></del>	
Enter Florida street d	address
Enter Florida street d	address, Florida Zip Code
	liability company here: Liability Company," the designation

If Changing Registered Agent, Signature of New Registered Agent

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, 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>	Type of Action
MGR	Mark Cafua	280 Merrimack Street	
		Methuen, ME 01844	■ Remove
			Change
MGR	Fernando Cafua	12236 Tillinghast Circle	<b>■</b> Add
		Palm Beach Gardens,FL 33418	□ Remove
			Change
			SECONETAS DE Rembye
			DA 20
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<b>ective date,</b> reffective date	<b>if other than t</b> is listed, the date i	the date of fi	ling:	e prior to date o	f filing or more t	(opti han 90 days after	<b>onal)</b> · filing.) Pursuant to 605.020
te: If the dat	e inserted in this	block does n	ot meet the a	applicable sta	tutory filing re	quirements, thi	s date will not be listed a
cument's effe	ctive date on the	: Department	of State's red	cords.			
					<b></b>		
record spe the 90th da	cifies a delay ny after the r	red effectiv	'e date, bu ed	it not an e	ffective time	e, at 12:01 a	a.m. on the earlier o
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Page 3 of 3

Filing Fee: \$25.00