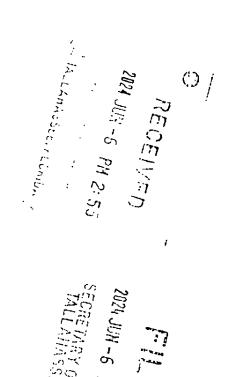
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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# 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** 6/6/2024

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1260451

**ORDER ENTITY** 

DESTIN DONUTS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DESTIN DONUTS, LLC (FL)

File the attached amendment

DZ4JOH B MATE SE ECRETARY OF STAT TALLAHASSEE.FL

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

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.

Thursday, June 6, 2024 Page 1 of 1

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

endieze.	DESTIN D	ONUTS, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	-	
	•	Samantha O'Neill	· ····································	
			Name of Person	
		Paris Ackerman LLP		
			Firm/Company	
		120 Eagle Rock Ave, Suit	re 315	
			Address	·0 K
		East Hanover, NJ 07936		TAL TAL
		484	City/State and Zip Code	
		vikp@psqme.com	(to be used for future annual report noti-	Figure 1 Page 1
For further in	formation c	oncerning this matter, please c		SECRETARY OF STATE TALLAHASSEE, FL
Samantha O'	Neill		973 747-3225	
	Name o	f Person		e Telephone Number
Enclosed is a	check for th	ne following amount:		
書 \$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 Fee, Certificate of Status & Certified Copy radditional copy is enclosed!
	ling Addres		<u>Street Address:</u> Registration Sec	etion
Div	ision of C	orporations	Division of Cor	porations
P.O	. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESTIN DONUTS, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records. ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/25/2015	and assigned
Florida document number L15000163209		
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 I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	SECRETARY OF SHILL SHOW registered in the name of the name of the pew registered in the name of the na
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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>	Address	Type of Action
MGR	Angel 469. LLC	3030 North Rock Point Drive West	□Add
		Suite 262	≣Remove
		Tampa, F1, 33607	□Change
MGR	Vikalp Patel	3030 North Rock Point Drive West	<b>≣</b> Add
		Suite 262	□Remove
		Tampa, FL 33607	□Change
			SECRETARY OF STATE TALLAHASSEE, FI.
			□ Remove
			□Add
			□Remove
			□ Change
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			Change

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		e must be specific a	and cannot be pri	icable statutory t	or more than 90 da filing requirement	(optional) lys after filing lits, this date	,) Pursuant	ശ 605.0 be listed	)207 ( l as t
an effec <u>ote:</u> li	re date, if other than etive date is listed, the date f the date inserted in th nt's effective date on the	ne Department o	f State's record	ls.					
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an effec <u>lote:</u> li ocumei	ctive date is listed, the date f the date inserted in th nt's effective date on the specifies a delayed effed.	he Department o	f State's record	ls.	.m. on the carlic	rof: (b) Ti	nc 90th da	y after t	the

Filing Fee: \$25.00