115000/65545

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone #	(*)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co		à.	
SUBJECT:	MARTIN DONUTS L	LC ,	, s
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dean L. Willbur, Jr.		
		Name of Person	
	DEAN L. WILLBUR, JR.	, P.A.	
		Firm/Company	
	11380 Prosperity Farms	Road, Ste. 110A	
		Address	
	Palm Beach Gardens, F	L 33410	
	dean@deanlwlaw.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Dean L. Willbur, Jr.		561 775-7577	
Name (of Person		me Telephone Number
Enclosed is a check for t	he 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)

TO:

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

MARTIN DONUTS LLC

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

	lity Company were filed on September 29, 2015	_ and assigned
Florida document number L15000165545	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company." the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	8 SEP
		— <u>———————————————————————————————————</u>
Enter new mailing address, if applicable:		A Rect.
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	on our records, enter the name of the new Florida street address
		<u> </u>
registered agent and/or the new registered office Name of New Registered Agent:		e name of the nev
New Registered Office Address:	Enter Florida street address	
	Elovidu	
-	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan red agent as provided for in Chapter 605, F.S. Or, if istered office address, I hereby confirm that the limit inge.	ulliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James E. Allen		_□ Add
		25 Collins Road	D Add
		Berlin, MA 01503	■ Remove
			☐ Change
MGR	Patrick T. Caine		
		349 Hope Street Providence, RI 02906	■ Remove
			Change
AMBR	Stephanie Allen		
	25 Collins Road Berlin, MA 01503	25 Collins Road Berlin, MA 01503	■ Remove
	Timothy Lott		☐ Change
AMBR	——————————————————————————————————————		
		22 Rosedale Avenue Shrewsbury, MA 01545	Remove
			□ Change
AMBR	Mystic Valley Management Inc.	2642 SE Willoughby Boulevard Stuart, Flolrida 34994	■ Add
			☐ Remove
			
			□ Remove
			Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00