

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000072566 3)))



H160000725663ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273

Phone : (904)398-3911

Fax Number : (904)396-0663

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| W | 4 | ٦. | Address: | |
|---|---|----|----------|--|
| | | | | |
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROSSWATER DONUTS LLC

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 03 | |
| Estimated Charge | \$25.00 | |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Crosswater Donuts, LLC | |
|---|---|
| (Name of the Limi | ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited L Florida document number L15000200259 | iability Company were filed on 12-3-2015 and assigned |
| This amendment is submitted to amend the foll | owing: |
| A. If amouding name, enter the new pame o | f the limited liability company here: |
| The new name must be distinguishable and contain the y | words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: |
| (Principal office address MUST BE A STREE | V V V V V V V V V V V V V V V V V V V |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE | BOX) |
| B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent: | or registered office address on our records, enter the name of the new file address here: Richard Q. Lewis, III |
| New Registered Office Address: | 100 Whetstone Place, Suite 200 |
| New Registered Office Address. | Enter Florida street address |
| | St. Augustine , Florida 32086; |
| Now Registered Agent's Signature, if changing F | City A Zip Com |
| provisions of all statutes retative to the propi accept the obligations of my position as regi | d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or If this document is registered office address, Lhereby confirm that the limited liability |

Page 1 of 3

or removed from our records: MGR = Manager AMBR = Authorized Member Title Address Type of Action <u>Name</u> _□ Add □ Remoye _□ Change bbA 🗖 □ Remove □ Chauge bbA □ □ Remove □ Romove _Change N _□ Add _□ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Page 2 of 3

_□ Change

☐ Remove

☐ Change

| | | , | | |
|---|--|---------------------------------------|---------------------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ··- | | ₹ | 20: |
| | | | AH AH | - 27 |
| | | | | |
| | | • | <u> </u> | 22 |
| | | | -m ^{-T3} | <u> </u> |
| | | · · · · · · · · · · · · · · · · · · · | 95 | |
| | | | O M | |
| | · | | | |
| | | | | |
| | | | | • |
| Effective date, if other than fan effective date is listed, the dat <u>Note:</u> If the date inserted in th | the date of filing: | prior to date of filing or | more than 90 days after filing. |) Pursoant to 605.020 |
| Note: If the date inserted in the document's offective date on t | is block does not meet the ap he Department of State's rec | pplicable statutory fillords. | ing requirements, this date | will not be listed a |
| | | | | · |
| e record specifies a dela The 90th day after the | ayed effective date, but record is filed. | t not an effective | time, at 12:01 a.m. | on the earlier o |
| , h1 | ?*:// | 1 | | |
| Dated 3/65 | | · | | |
| | M | | | |
| | Signification of a prior of the second of th | authorized representat | ve of a member | |

Page 3 of 3

Filing Fee: \$25.00