## 116000012796

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## **COVER LETTER**

SUBJECT:FT	. PIERCE DONUTS LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Dean L. Willbur, Jr.		
		Name of Person	
	DEAN L. WILLBUR, JR.,	P.A.	
	-	FimvCompany	
	11380 Prosperity Farms	Road, Ste. 110A	
		Address	
	Palm Beach Gardens, FL	_ 33410	
	dean@deanlwlaw.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	II:	
Dean L. Willbur, Jr.		561 775-7577 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

FT. PIERCE DONUTS		<u> </u>
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed onJanuary 19, 2016	and assigned
Florida document number <u>L16000012796</u>		
'his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		01V18
Principal office address MUST BE A STREET ADDI	RESS)	<b>H F F F</b>
		- GA
		989 8
Enter new mailing address, if applicable:		70. 3 3 3 11. 3
Mailing address MAY BE A POST OFFICE BOX)		- <b>F</b> 97
B. If amending the registered agent and/or regis registered agent and/or the new registered office add Name of New Registered Agent:		r the name of the
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florida _	
	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	James E. Allen	10 Woburn St. Lexington, MA 02420	
			■ Remove
			Change
MGR	Patrick T. Caine	349 Hope St. Providence, RI 02906	
			■ Remove
	Mystic Valley Management Inc.	2642 SE Willoughby Boulevard	Change
AMBR		Stuart, FL 34994	
			Remove
			☐ Change
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		<del></del>	Remove
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ective da	ate, if other than the date mus	date of filing		. data of tiling		(optional)		(A.S. 430)
<u>te:</u> If the	date inserted in this blo	ock does not m	neet the applica	ble statutory fi	ing requirement	s after (inng.) Pur s, this date will	not be I	isted as
ument's	effective date on the De	epartment of S	tate's records.					
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ed	9-13	,	2018	<u>.</u>				
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			XCan	N	ve of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00