L16000087751

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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 Meliss

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE: 6/6/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1260451

ORDER ENTITY

NINE MILE DONUTS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

NINE MILE DONUTS, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

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

	Registration So Division of Cor			
SUBJEC		E DONUTS, LLC		
SCHARC.		Name of Lin	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Samantha O'Neill		
			Name of Person	
		Paris Ackerman LLP		
			Firm/Company	
		120 Eagle Rock Ave. Suit	e 315	
			Address	
		East Hanover, NJ 07936		
			City/State and Zip Code	
		vikp@psqmc.com		
			to be used for future annual repo	rt notification)
For further	r information c	oncerning this matter, please c	all:	
Samantha	a O'Neill		973 747-32 at ()	
	Name o	f Person	Area Code E	Paytime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F	Mailing Addres Registration 5	Section	<u>Street Addre</u> Registratio	n Section
l	Division of C	orporations	Division of	f Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 JUN -6 AM 9: 02

NINE MILE DONUTS, LLC

(Name of the Limited Liability Company as it now appears on our records, D.C. okt., 1/4/1/10 STATE
(A Florida Limited Liability Company) TALLAHASSEE FLORID. TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{05/02/2016}{}$ _____ and assigned Florida document number L16000087751 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address _. Florida ___

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 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, FL 33607	
MGR	Vikalp Patel	3030 North Rock Point Drive West	■Add
		Suite 262	□Remove
		Tampa, FL 33607	□ Change
			□Add
			Remove
			□Change
			Remove
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Note: If th	date, if other than te date is listed, the da ne date inserted in t s effective date on	his block does i	not meet the a	pplicable statu	filing or more tory filing rea	(optionan 90 days after puirements, this	onal) filing.) Pursuant to 603 date will not be list	5.0207 (ed as t
	ecifies a delayed ef		t not an effect	ive time, at 12:	:01 a.m. on tl	ne carlier of: (b) The 90th day afte	r the
		1 1+6	200	24				
record spe d is filed. Pated	June	١ ١	\sqrt{N}	·				
d is filed.	June	7	of a member or	authorized repr	esentative of a	member		

Filing Fee: \$25.00