L16000097359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
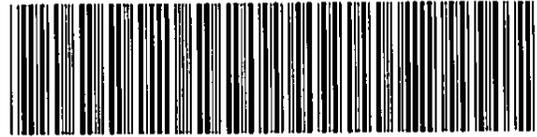
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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incserv

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
PASADENA AVENUE DONUTS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
PASADENA AVENUE 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

COVER LETTER

TO: Registration Section
           Division of Corporations

PASADENA AVENUE DONUTS, LLC

SUBJECT: _____
                      Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha O'Neill
_____
                      Name of Person

Paris Ackerman LLP
_____
                      Firm/Company

120 Eagle Rock Ave, Suite 315
_____
                      Address

East Hanover, NJ 07936
_____
                      City/State and Zip Code

vikp@psqme.com
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha O'Neill   973   747-3225
_____ at (_____) _____
         Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                         (additional copy is enclosed)   Certified Copy
                                                          (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                               Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 JUN -6 PM 12: 16

PASADENA AVENUE DONUTS, LLC
_____

(Name of the Limited Liability Company as it now appears on our records)   DEPT OF STATE
(A Florida Limited Liability Company)   TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on __05/20/2016__ and assigned

Florida document number __L16000097359__.

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: _____
                                  Enter Florida street address

_____, 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, <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>	<u>Address</u>	<u>Type of Action</u>
MGR	Angel 469, LLC	3030 North Rock Point Drive West	☐Add
		Suite 262	■Remove
		Tampa, FL 33607	☐Change
MGR	Vikalp Patel	3030 North Rock Point Drive West	■Add
		Suite 262	☐Remove
		Tampa, FL 33607	☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____
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2024 JUN -6 PM 12: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ____June 4th____, _2024_ .

_____
Signature of a member or authorized representative of a member

Vikalp Patel, manager
_____
Typed or printed name of signee

Filing Fee: $25.00