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SECRETARY OF CIAIS

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COVER LETTER •

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| SUBJECT: | BJ Donuts LLC | | | | | |
|--|---|---|--|--|--|--|
| | Name of Lim | nited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | | | | |
| Please return all correspo | 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, FL 33410 | | | | | |
| | | | | | | |
| | City/State and Zip Code dean@deanlwlaw.com | | | | | |
| | E-mail address: (| to be used for future annual report notifi- | cation) | | | |
| For further information of | concerning this matter, please ca | all: | | | | |
| Dean L. Willbur, Jr. | | 561 775-7577 | | | | |
| Name c | of Person | Area Code Daytime | 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 | | | |
| | | | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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**

| BJ DONUTS LLC | | | | |
|--|--|------------------------------|-----------------|--|
| (<u>Name of the Limited Liability Com</u> (A Florida Limited | pany as it now appe Liability Company | ears on our records.) | | |
| The Articles of Organization for this Limited Liability Compan | y were filed on _ | May 25, 2016 | and ass | igned |
| Florida document number <u>L16000102736</u> . | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lia | bility company | here: | | |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the | designation "LLC" or the a | bbreviation "L. | L.C." |
| Enter new principal offices address, if applicable: | | . <u>-</u> | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | ₹ |
| | | | SE | Signal Si |
| | | | | 음동기 - |
| Enter new mailing address, if applicable: | | | & | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | | 至 | 프로 프로 |
| · · · · · · · · · · · · · · · · · · · | | | <u> </u> | <u> </u> |
| | - | | £. | 3 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | on our records, <u>enter</u> | the name | of the no |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter F | lorida street address | | |
| | | Florida | | |
| | City | | Zip Code | |

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> | <u>Address</u> | Type of Action |
|--------------|-------------------------------|--------------------------------------|----------------|
| MGR | James E. Allen | 10 Woburn St. Lexington, MA 02420 | Add |
| | | | ■ Remove |
| | Patrick T. Caine | 349 Hope St. | Change |
| MGR | | Providence, RI 02906 | |
| | | | ■ Remove |
| | Mystic Valley Management Inc. | 2642 SE Willoughby Boulevard | ☐ Change |
| AMBR | | Stuart, FL 34994 | Add |
| | | | Remove |
| | | | Change |
| | | | ☐ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | | ☐ Change |

| Effective date, if other than the date of filing: | |
|--|----------------------------|
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| | to 605.0207 e listed as |
| he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ The 90th day after the record is filed. | earlier of |
| Dated | |
| Signature of a member or authorized representative of a member | |

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Filing Fee: \$25.00