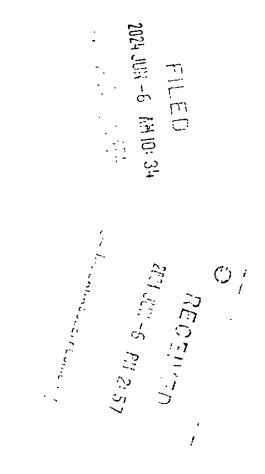


	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer
Special insudencins to	Trining Officer.
	, .
	J. HORNE JUN - 1 2024
	JUN - , "E
	2024

Office Use Only





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 Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 6/6/2024

PRIORITY Regular Approval OUR REF.# (Order ID#) 1260451

Page L of L

ORDER ENTITY

CHIEDORT DONIEC DEC

GULFPORT DUNUTS, LLC	
PLEASE PERFORM THE FOLLOWING SERVICES: GULFPORT 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.

COVER LETTER

TO:

Registration Section Division of Corporations

	T DONUTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Samantha O'Neill		
		Name of Person	
	Paris Ackerman LLP		
		Firm/Company	
	120 Eagle Rock Ave, Suite	e 315	
		Address	
	East Hanover, NJ 07936		
		City/State and Zip Code	
	vikp@psqmc.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Samantha O'Neill		973 747-3225	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 JUH - 6 AM 10: 36

GULFPORT DONUTS, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our relational Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Company were filed on 06/17/2016	and assigned
Horida document number <u>L16000119078</u>	<u>_</u> .	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, <u>e</u>	nter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
isogeneral office frances.	Enter Florida street a	ldress
		Florida
	City	, Florida 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	Angel 469, LLC	3030 North Rock Point Drive West	□Add
		Suite 262	≡ Remove
		Tampa, FL 33607	
MGR Vikalp Patel	Vikalp Patel	3030 North Rock Point Drive West	-
		Suite 262	□Remove
		Tampa, FL 33607	
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

•	

If an effect Note: If	c date, if other than the date of filing:
e record s ord is filed	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
Dated	June 4th 2024
	Signature of a member or authorized representative of a member