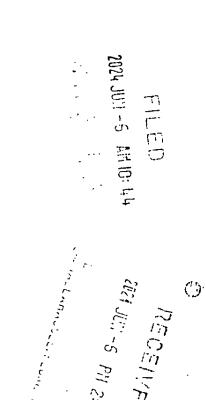


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PICK-UP	WAIT MAIL	
	Business Entity Name)	
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Special Instructions to F	Filing Officer:	ì
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	J. HORNE	
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	2024	

Office Use Only





Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

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

Melissa Moreau mmoreau@incserv.com 850.656.7953

1260451

REQUEST DATE 6/6/2024 ORDER ENTITY _ GIBSONTON DONUTS, LLC	PRIORITY : Regular Approval	OUR REF # (Order ID#)
PLEASE PERFORM THE FOLLOWI GIBSONTON DONUTS, LLC (FL File the attached amendment	NG SERVICES:	.3
NOTES: \$25.00 Authorized		. .
RETURN/FORWARDING INSTRUCTION ACCOUNT NUMBER: 120050000052	CTIONS:	3
Please bill the above referenced accord	unt for this order.	
If you have any questions please cont	tact me at 656-7956,	

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

Division of Co			
	TON DONUTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
	pondence concerning this matter	_	
	Samantha O'Neill		
		Name of Person	
	Paris Ackerman LLP		
	- 1	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 report notif	·
			(cation)
ror turtner information	concerning this matter, please c	all:	
Samantha O'Neill		973 747-3225 at ()	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u>	ess:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIBSONTON DONUTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L16000119625}{L16000119625}$.	y were filed on $\frac{06/20/2016}{}$	and assigned
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 Liab	oility Company," the designation	n "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		, . <u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	$F_{ad} = PI = II$	
	Enter Florida street	
	Circ	Florida Zip Code
	· ''''	ente i son

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. Thereby 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	
		Suite 262	
		Tampa, FL 33607	
MGR	Vikalp Patel	3030 North Rock Point Drive West	■Add
		Suite 262	
		Tampa, FL 33607	
			□ Add
			□Remove
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove
			∏Change

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an effecti ote: If	date, if other than the date of filing: (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	.020 ed a
record spis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	: the
at c d	June 4th 2024	
	\ \ \ \ \ \ \ \	
	Signature of a member or authorized representative of a member	