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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

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE, 6/6/2024

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1260451

ORDER ENTITY
NICEVILLE DONUTS, LLC

<b>PLEASE</b>	PERFORM	THE	<b>FOLLOW</b>	ING SER	VICES:
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•	. **	

NICEVILLE DONUTS, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

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**

TO: Registration S Division of Co			
	LE DONUTS, LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The angleseed Artistages	f Amendment and fee(s) are sub	unitted for filing	
	ondence concerning this matter	•	
	Samantha O'Neill		
		Name of Person	
	Paris Ackerman LLP		
		Firm/Company	
	120 Eagle Rock Ave, Suit	e 315	
		Address	
	East Hanover, NJ 07936		
	7	City/State and Zip Code	
	vikp@psqme.com E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Samantha O'Neill		973 747-3225	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Cool and in a shoot face	h > f > l		
Enclosed is a check for t  \$\Bigsigma \$25.00\$ Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
= 32 Thing i cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 63:	27	The Centre of T	l'allahassee

Tallahassee, FL 32314

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: 06

NICEVILLE DONUTS, LLC

(Name of the Famile)	d Liability Company as it now appears on our re A Florida Limited Liability Company)	TALLAHASSEE. FLORIDA
The Articles of Organization for this Limited Lia	ibility Company were filed on 07/27/2016	
Florida document number L16000143992	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	"ADDRESS)	<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B		
<ol> <li>If amending the registered agent and/or re agent and/or the new registered office address</li> </ol>		iter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress

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>	<u>Address</u>	Type of Action
MGR	Angel 469, LLC	3030 North Rock Point Drive West	
		Suite 262	<b>=</b> Remove
		Tampa, FL 33607	□Change
MGR	Vikalp Patel	3030 North Rock Point Drive West	■Add
		Suite 262	□Remove
		Tampa, FL 33607	□Change
			□Add
			Remove
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(If an effective Note: If	e date, if other thar tive date is listed, the dat the date inserted in th	e must be specific and solutions.	and cannot be pi it meet the app	or to date of filing icable statutory	or more than 90 da filing requiremen	ys after filing.) Purs its, this date will i	uant to 605.0207 not be listed as
documer	it's effective date on t	he Department o	f State's record	is.			
			not an effective	time, at 12:01 a	.m. on the carlier	of: (b) The 90tl	h day after the
	specifies a delayed eff	fective date, but r	101 1111 011000111	*			
If the record record is filed							

Filing Fee: \$25.00