116000 146135

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (),, |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Charly Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



600328299096

05/01/19--01007--020 **25.00

C. GOLDEN MAY 1 3 2019

COVER LETTER

| Division of Corpo | | |
|------------------------------|--|--|
| SUBJECT: | Mame of Limited Liab | 195 LLC |
| SUBJECT: | Name of Limited Liab | inty Company |
| | | |
| The enclosed Articles of A | mendment and fee(s) are submitted for | or filing. |
| Please return all correspond | dence concerning this matter to the fe | owing: |
| | Amish Pa | to 1 |
| | TIMIN IN | ame of Person |
| | | |
| | F | im/Company |
| | | 1 ' ' |
| | 491 Stinson | way Ste 701 |
| | | Address |
| | West Palm | Way Ste. 401 Address Stack, FL 33411 State and Zip Code @ Dunkinnetwork. Com of for future annual report notification) |
| | City/S | ante and Zip Code |
| | amish fate! | a bunking error notification) |
| | | to future annual report notification) |
| For further information con | ncerning this matter, please call: | ! |
| Niki Patel | | at (561) 335 - 519 C Area Code Daytime Telephone Number |
| Name of | Person | Area Code Daytime Telephone Number |
| | | |
| Enclosed is a check for the | following amount: | |
| \$25.00 Filing Fee | Certificate of Status | 55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registra | NG ADDRESS: tion Section | STREET/COURIER ADDRESS: Registration Section |
| Division P.O. Bo | of Corporations x 6327 | Division of Corporations Clifton Building |
| | see, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Palm Beach | DD Holdings LLC 2019 HAY - 1 PM 2:50 |
|---|--|
| (Name of the Limited Liability C (A Florida Lin | ompany as it now appears on our records.) mited Liability Company) |
| The Articles of Organization for this Limited Liability Com Florida document number <u>レル</u> のの146135 | Company as it now appears on our records.) mited Liability Company) Description of the second of th |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | lliability company here: |
| Palm Beach Donat Holdings | LLC |
| 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 ADDRES | 55) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on our records, <u>enter the name of the</u> shere: |
| 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 A | <u>kent:</u> |
| provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen | d agree to act in this capacity. I further agree to comply with plete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability |

I Changing Registered Agent. Signature of New Registered Agent

company has been notified in writing of this change.

| MGR = N $AMBR = A$ | Ianager Authorized Member | | |
|--------------------|------------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | - | ☐ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | - | □ Remove |
| | | | Change |

| | | | · emange(s) · | here: (Attach additional sheets, if necessary.) |
|---------------------------------|---|--|---------------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| | | | | |
| | | - | | |
| | | | · | |
| - | | | · | |
| | | | | |
| | | | | |
| | | | * | |
| If an effective Note: If the | ate, if other that date is listed, the date date inserted in effective date on | ate must be specific this block does no | and cannot be poor of meet the app | (optional) pior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 plicable statutory filing requirements, this date will not be listed as |
| The 90th | h day after th | e record is file | e date, but ed. | not an effective time, at 12:01 a.m. on the earlier of |
| Dated | 4/27/10 | Aunt : | L.D- | |
| _ | | Signature of | f a member or a | uthorized representative of a member |
| | | Amish | D.61 | 1 |

Page 3 of 3

Filing Fee: \$25.00