## LIL 0001 5378L

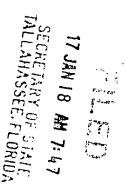
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations		
OUD IF OT	PB &	J Donuts, LLC	
SUBJECT:	Name of Limi	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:	
	Eugene H. G	audette	
		Name of Person	
	<del></del>	Firm/Company	
	P.O. Box N		
		Address	
	Sanford, ME	04073	
	····	City/State and Zip Code	
	tiffany@ehgl		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
Tiffany Camir	re	207 324-1551 at ( )	
Name o	f Person	at () 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
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

	PB & J Donuts, LLC		
(Name	of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
ne Articles of Organization for this	Limited Liability Company were filed	onAugust 16, 2016	and assigned
orida document numberL160001	53386		··· -
his amendment is submitted to ame	nd the following:		
. If amending name, enter the ne	w name of the limited liability compa	any here:	
ne new name must be distinguishable and o	contain the words "Limited Liability Company	," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address	, if applicable:		
Principal office <u>address MUST BE</u>	A STREET ADDRESS)		
nter new mailing address, if appli	cable:		
Mailing address MAY BE A POST	OFFICE BOX)		
	<del></del>		
. If amending the registered a	gent and/or registered office addre	ess on our records, ento	er the name of the
egistered agent and/or the new res		,	17 SE(
			AE A
Name of New Registered A	gent:		102
Nume of New Registered 71	<u></u>		35 8 A
New Registered Office Add	ress:		mc · ·
	En	nter Florida street address	TO 7
		, Florida _	SR 55
	City		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
AMBR	Gregory Cafua	280 Merrimack Street	■ Add
		Methuen, MA 01844	Πn
			Change
AMBR	David Cafua	280 Merrimack Street	<b>=</b> Add
		Methuen, MA 01844	□ Remove
			Change
<del></del>			
			□ Remove
			Change
		<u> </u>	Add
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00