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COVER LETTER

Division of Cor			
SUBJECT:	Longt	ime 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:	
	Eugene H. G	audette	
		Name of Person	
		Firm/Company	
	P.O. Box N	Firm/Company P.O. Box N Address Sanford, ME 04073 City/State and Zip Code tiffany@ehglaw.com E-mail address: (to be used for future annual report notification) s matter, please call:	
		Address	
	Sanford, ME	04073	
		City/State and Zip Code	
	· •		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Tiffany Camir	e		
Name o	f Person	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

Longtime D	onuts, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appea iability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL16000153481	were filed on	August 16, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
•			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	n our records, e	enter the name of the new
	City	, Florid	da TO
New Registered Agent's Signature, if changing Registered Agent:	City		LORID
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o rovided for in	f my duties, and 1 Chapter 605, F.S	e &a gree to comply with the I am familiar with and 5. Or, if this document is
	ging Registered A	agent, <u>Signature of N</u>	ew Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Gregory Cafua	280 Merrimack Street	■ Add
		Methuen, MA 01844	☐ Remove
			Change
AMBR	David Cafua	280 Merrimack Street	= Add
		Methuen, MA 01844	□ Remove
			Change
			Remove
			Change
			☐ Add
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Effectiv	ve date, if other than the date of filing: ctive date is listed, the date must be specific and can	not be prior to da	e of filing or more statutory filing re	(optio han 90 days after t quirements, this	iling.) Purs	suant to not be	605.0207 listed as
f an effe Note:	If the date inserted in this block does not meet	's records					
f an effe Note:	if the date inserted in this block does not meet ent's effective date on the Department of State	's records.					
f an effe Note: I docume	ord specifies a delayed effective date 90th day after the record is filed.	's records.	effective time	e, at 12:01 a	.m. on t	he ea	rlier of
fan effe Note: I docume ne rec The	ont's effective date on the Department of State ord specifies a delayed effective date 90th day after the record is filed.	's records. e, but not an		e, at 12:01 a	.m. on t	he ea	rlier of
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Page 3 of 3

Filing Fee: \$25.00