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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Con			· ·
SUDJECT.	Outle	et 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	
		Seene H. Gaudette Name of Person Firm/Company D. Box N Address aford, ME 04073 City/State and Zip Code any@ehglaw.com address: (to be used for future annual report notification) please call: at (
		Firm/Company	
	P.O. Box N		
		Address	
	Sanford, ME	04073	
	<u></u>	City/State and Zip Code	
		•	ation)
For further information of	concerning this matter, please co	all:	
Tiffany Camir	е		
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	□ \$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

	Outlet Donuts, LLC		
(<u>Name of the Limited I</u> (A	Liability Company as it now appea Florida Limited Liability Company)	irs on our records.)	
ne Articles of Organization for this Limited Liabi orida document number <u>L16000153493</u>	lity Company were filed on	August 16, 2016	and assigned
is amendment is submitted to amend the followi	ng:		
If amending name, enter the new name of th	e limited liability company h	<u>ere</u> :	
e new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if applicabl	e:		
rincipal office address MUST BE A STREET A	ADDRESS)		
nter new mailing address, if applicable: State of the state of the st	<u></u>		
If amending the registered agent and/or gistered agent and/or the new registered office		n our records, <u>e</u>	17 JAN SECRET
N. D. ive I Office Address			SSE 18 18 18 18 18 18 18 18 18 18 18 18 18
New Registered Office Address:	Enter Flo	orida street address , Florid	FO 12 17
-	City	, 1 10110	"" "

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	□ Remove
			□ Change
AMBR	David Cafua	280 Merrimack Street	
		Methuen, MA 01844	Remove
			Change
			□ Add
			□ Remove
			Change
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		·	Add
			□ Remove
			□ Change

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Filing Fee: \$25.00