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2024 JUH - 6 AM 11:56 SECRETARY OF STATE





1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

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

DREW STREET DONUTS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
DREW STREET DONUTS, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

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 Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
cub iezer.	DREW ST			
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Samantha O'Neill		
		 	Name of Person	
		Paris Ackerman LLP		
			Firm/Company	_
		120 Eagle Rock Ave, Suite	e 315	
			Address	_
		East Hanover, NJ 07936		7024 SEC
		vikp@psqmc.com	City/State and Zip Code	2024 JUH-6 AM II: 56 SECRETARY OF STATE TALLARY SEE. FL
		E-mail address: (to be used for future annual report notification)	× 200 ₹
For further in	formation c	oncerning this matter, please ca	all:	F S
Samantha O'	Neill		973 747-3225	FAE FAE
	Name o	f Person	at () Area Code Daytime Telephone Numbe	r
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Reg	ling Addres sistration S ision of C		Street Address: Registration Section Division of Corporations	
	Roy 632		The Centre of Tallaharree	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREW STREET DONUTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/17/2016}{1}$ and assigned Florida document number $\frac{L16000157922}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ____ Cuv

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
MGR	Angel 469, LLC	3030 North Rock Point Drive West	□Add
		Suite 262	= Remove
		Tampa, FL 33607	□Change
MGR	Vikalp Patel	3030 North Rock Point Drive West	= Add
		Suite 262	□Remove
		Tampa, FL 33607	□Change
			□Add
			□Remove
		ν. Α.Ε. Σ.Ε.	hange 1
			S & S
		:	$n = \frac{1}{2}$
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00