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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



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

40TH STREET NORTH DONUTS, LLC

PLEASE PERFORM	THE	FOLL	WING	SER	VICES:
40TH STREET NO					

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

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

Tallahassee, FL 32314

ТО:	Registration S Division of Co					
sento ir		REET NORTH DONUTS, LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	[Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all corresp	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				
			City/State and Zip Code	:		
		vikp@psqmc.com E-mail address: t	to be used for future annua	Legart natitie:	tion)	
For furt	her information (concerning this matter, please e		i rejaire meeme		
Samant	tha O'Neill			47-3225		
	Name (of Person	at () Area Code	Daytime T	elephone Number	
Enclose	d is a check for t	the following amount:				
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)	
	Mailing Addre		Street A			
	Registration Division of C		_	ration Secti on of Corpc		
	P.O. Box 631		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

40TH STREET NORTH DONUTS, LLC	
(Name of the Limited Liability Company as it m (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on and assigned
Florida document number L16000172674	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	25 CD
Enter new mailing address, if applicable:	. 1
(Mailing address MAY BE A POST OFFICE BOX)	T= []
	in a significant and a signifi
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
Since Description of OPE and Add	
New Registered Office Address:	Enter Florida street address
_,	, Florida
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>	Name	Address	Type of Action
MGR	Angel 469, LLC	3030 North Rock Point Drive West	
		Suite 262	≣Remove
		Tampa, FL 33607	□Change
MGR	Vikalp Patel	3030 North Rock Point Drive West	■Add
		Suite 262	Remove
		Tampa, FL 33607	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Cl Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

document's effective date on the Department of State's records.	Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or mare than 90 days after filing.) Hussiant to 605,020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated June 14th 2024.		
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	Vikalp Patel, manager		Signature of a member or authorized representative of a member