# L16000208133

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AN UNIONINARD

# 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** 

PINE FOREST DONUTS, LLC

# PLEASE PERFORM THE FOLLOWING SERVICES:

PINE FOREST DONUTS, LLC (FL)

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 Lof I

# **COVER LETTER**

	Registration So Division of Co			
SUBJEC		EST DONUTS, LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		Samantha O'Neill		
			Name of Person	
		Paris Ackerman LLP		
			Firm/Company	
		120 Eagle Rock Ave, Suite	: 315	·
			Address	
		East Hanover, NJ 07936		
			City/State and Zip Code	<del></del>
		vikp@psqmc.com		
		E-mail address: (	to be used for future annual report notification)	
For furthe	r information c	concerning this matter, please ca	all:	
Samantha	ı O'Neill		973 747-3225	
	Name c	d Person	at ()at ()Area Code ——Daytime Telephone	Number
Enclosed	is a check for t	he following amount:		
置 \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations			Division of Corporations	
	2.O. Box 632 Fallahassee.		The Centre of Tallahasso 2415 N. Monroe Street.	

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 JUH - 6 PM 12: 20

PINE FOREST 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 11/10/2016 and assigned Florida document number  $\pm 16000208133$ 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

## 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.

City

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	<b>■</b> Remove
		Tampa, FL 33607	
MGR	Vikalp Patel	3030 North Rock Point Drive West	■Add
		Suite 262	□Remove
		Tampa, FL 33607	☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Filing Fee: \$25.00