

**L17000100722**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

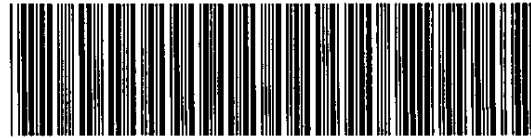
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**2017 MAY 30 PM 2:52**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**JUN 02 2017  
J. HARRIS**



**CAFUA MANAGEMENT  
COMPANY LLC & Affiliates**

LEGAL DEPARTMENT

897 Main Street  
P.O. Box N  
Sanford, Maine 04073

**Eugene H. Gaudette, Esq.**  
General Counsel

ehg@ehglaw.com email  
207-324-1551 office  
207-636-8480 fax

May 26, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

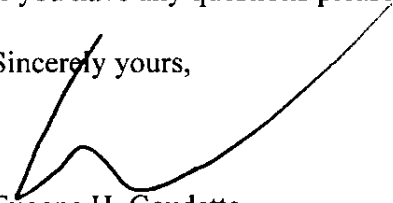
RE: Articles of Amendment

To Whom It May Concern:

Enclosed for consideration and filing the Articles of Amendment for the following  
Limited Liability Company:  
Sour Creme Donuts, LLC

Also enclosed is a check in the amount of \$25.00 representing the fee for this transaction.  
If you have any questions please do not hesitate to contact me.

Sincerely yours,

  
Eugene H. Gaudette

EHG/tc  
Enclosure



**DUNKIN'  
DONUTS®**

AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE NETWORK.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sour Creme Donuts, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tiffany Camire

\_\_\_\_\_  
Name of Person

Law Office of Eugene H. Gaudette

\_\_\_\_\_  
Firm/Company

897 Main Street

\_\_\_\_\_  
Address

Sanford, ME 04073

\_\_\_\_\_  
City/State and Zip Code

tiffany@ehglaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Camire

207 324-1551  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

Sour Creme 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 May 5, 2017 and assigned  
Florida document number L17000100722.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Sour Cream Donuts, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

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**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 \_\_\_\_\_  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 25, 2017

Mark Cafua

**Page 3 of 3**  
**Filing Fee: \$25.00**

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