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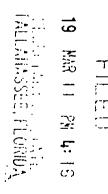
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MAR 21 2019 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Supiter Donate Name of Lim	S OF LARGO ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jame	ES BLACKFORD Name of Person	
	Jupi	TER DONUTS OF Firm Company	LARGO
	13002 5	EMINOLE BLVD Address	
	LAR60	FL 33778 City/State and Zip Code	
	<u>jupiterdonnt</u> E-mail address: (S WEST COAST @ 9 mail to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	dl:	
JAMES RONAIME O	LACK FORD [Person]	at (<u>727</u>) <u>351 -</u> Area Code Daytimo	- 7035 Telephone Number
Enclosed is a check for the	ne 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

JUPITER DONUTS O	F LARGO
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>L17000156868</u>	iled on 7/21/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany." 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)	P D D C T
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name of the ne</u>
New Registered Office Address:	Enter Florida street address
	, Florida
Cut New Registered Agent's Signature, if changing Registered Agent:	y Zip Code

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 Address Type of Action Title <u>Name</u> MGR JAMES BLACKFORD 2225 LAUREN Dr. LARGO, FL. MANU 33774 ☐ Remove JADON MANAGEMENT LLC 8480 S. EAST APPLE LN. HOBE SOUND 33445 ☐ Remove _____ Change MGR DON PASCALT 8756 VIA PRESTIGIO E. Remove WELLINGTON FL 33411 Change □ Add ☐ Change ☐ Remove ☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	
	<u>.</u>
	····
	<u> </u>
Effective date, if other than the date of filing:) Pursuant to 605.0207 will not be listed as
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. b) The 90th day after the record is filed.	on the earlier of
Dated MARCh 8th 2019	
Signature of a member or authorized rupresentative of a member	
JAMES BLACKFORD Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00