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## COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Jupiter Dond	ts Largo:	•		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and feets) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jar	ner Blackford Name of Person	<del></del>		
	J.,	ter Don vts large	)		
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	<u>13002</u> Se	eminole BIVD.			
	Largo	F1 33778 City/State and Zip Code			
	ijacobc	harles 20 gma, to be used for future annual aport notif	l.com		
	k-mail address: (	to be used for future annual report notif	ication)		
	oncerning this matter, please co				
James:	Blackford	at ( <u>467</u> ) <u>488</u> Area Code Daytimo	-5561		
Name o	f Person	Area Code Daytimo	: Telephone Number		
Enclosed is a check for the	he following amount:				
825.00 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 Addres		Street Address:			
Registration 9 Division of C		Registration Section Division of Corporations			
P.O. Box 632	.7	The Centre of T	allahassee		
Tallahassec.	F に 343 (4)	2410 N. Monroe	2 Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed onand assig	ned
Florida document number <u>L17000156868</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Rockstar Donats L.L.C	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Lago Fl 33778	- 7
Enter new mailing address, if applicable:  Same as principal address  (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 agent and/or the new registered office address here:  Name of New Registered Agent:	egistered
	<u>;</u>
New Registered Office Address:  Enter Florida street address  To the part of t	<del></del> -
City City Op 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		nature of a member	CCRN 17		•	