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(Req	uestor's Name)	
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(City/	State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name) .
(Doce	ument Number)	
Certified Copies	Certificates of	f Status

Special Instructions to Filing Officer: Filing was update after original was Filed in error December 2029

-J. Dennis

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COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	ROCKSTAR	DONUTS L.	L.C.
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAME	S Blackford Name of Person	·
	Rock	Star Dauts Firm/Company	<u>L.L.C</u>
	13002	Seminale BIUD	
	<u>Largo</u>	City/State and Zip Code harles 2 a gl to be used for inture annual report poil	8
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For further information	concerning this matter, please ca	all:	
<u>James</u>	Blackford of Person	at (<u>407</u>) 488 Area Code Daytim	- 5561 e Felephone Number
Enclosed is a check for	the following amount:		
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe 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 on 7/21/2017 Florida document number L17000156 868. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jup. ler Onvts of LARGO LLC

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) 13002 SEminule BIVD St7 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: Emer 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. Thereby 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

Title	Name	Address	Type of Action
			□Remove
			□Change
			□ Add
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Filing Fee: \$25.00