117000170514

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300428439923





in Heart 65/16/24

Incorporating Services, Ltd.

incserv

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 5/16/2024

PRIORITY Regular Approval

OUR REF_# (Order ID#) 1255779

Page 1 of 1

ORDER ENTITY

J&L DUNKIN DONUTS GROWTH PARTNERS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

J&L DUNKIN DONUTS GROWTH PARTNERS, 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, May 16, 2024

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: J&L Dun	kin Donuts Growth Part	ners, LLC	
	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sherard Rogers		
		Name of Person	
	c/o SRMG LLC		
		Firm/Company	•
	4581 Weston Road, #	477	
		Address	
	Weston, FL 33331		6: 03
		City/State and Zip Code	
	srogers@srmgllc.com	to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	·	TCATION)
Sherard Rogers		nt /	
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&L Dunkin Donuts Growth Partners, 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 08/29/2017 and assigned Florida document number L17000170514 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J&L Donuts Growth Partners, LLC 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 _. Florida _ City 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chours

		<u> </u>				
						<u></u>
						**
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		· · · · · · · · · · · · · · · · · · ·			, •· 	<u> </u>
						ċ:
					7 :- ; ,	<u> </u>
				<u> </u>		
						······································
			 _			
				<u></u>		
ctive date, if other	than the date of filin	g:	_	(optior	nal)	
effective date is listed, (than the date of filin he date must be specific an d in this block does not:	d cannot be prior to da	te of filing or more t statutory filing re-	han 90 days after fi	ling.) Pur Jate w i ll	rsuant to 605.0 not be listed
e: If the date inserted	d in this block does not: e on the Department of:	meet the applicable	statutory filing re-	quirements, this c	date will	not be liste

Filing Fee: \$25.00