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COVER LETTER

Division of Cor	porations				
SUBJECT: Kai	Kes Kones	Kobbs & Kabo	065		
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	<u> </u>	•			
	Shawntel	Marhn			
		Name of Person			
		Firm/Company			
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	E-mail address: ()	to be used for future annual report notit	tication)	RF 5	C
For further information c	oncerning this matter, please ca	all:		20	
Andrea	Springer	at (<u>754</u>) <u>208</u> -	6767		
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filir	no Ree	
U 025.00 Filling Fee	Certificate of Status	Certified Copy	Certificate	of Status &	
		(additional copy is enclosed)	Certified C (additional co	Copy opy 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

Kakes Kones Kubbs & Kabobs

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Compar	ny ware filed on 107	06 2017 and assigned	
Florida document number <u>L 2700020 1088</u>	ny were med on 1 - 1	1 - 4 [20 1] and assigned	
riorda document liumber			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
Doughnut Babies			_
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	nation "LLC" or the abbreviation :	
Enter new principal offices address, if applicable:		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_ <u>}</u> :
(Principal office address MUST BE A STREET ADDRESS)			بر بر
			Ŝ
			(13)
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	_
(Mailing address MAY BE A POST OFFICE BOX)		. 0	_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address how the Name of New Registered Agent:		r records, <u>enter the name of the n</u>	<u>1ev</u>
New Registered Office Address:			
	Enter Florida st	treet address	•
		, Florida	_
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my a s provided for in Chap	duties, and I am familiar with and ster 605, F.S. Or, if this document is	the

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
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Effectiv (If an effec	e date, if other the	han the date of fil date must be specific	ling: and cannot be prior	to date of filing or n	opt nore than 90 days afte	ional) r filing.) Pursua	nt to 605.0207 (
		in this block does no on the Department o			g requirements, th	is date will no	t be listed as t
	and an anifica a	d-1d a66a-bi		h a.u. 2552 atia.	d at 12:01		
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/	Yarch	29	2019				
Dated [_	<u> </u>		<u>~~</u> /	·)			
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		Signature of	f a member or futhe	orized representative	of a member		

Page 3 of 3

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