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(Requestor's Name) (Address) (Address)	500431019845
(City/State/Zip/Phone #)	FILED MULTINH-6 MILLIST SECRETARY OF STATE MALLAIN SEE FL
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Office Use Only

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

FROM

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

PRIORITY Regular Approval

OUR REF # (Order ID#) 1260451

MI:51

Melissa Moreau

850.656.7953

mmoreau@incserv.com

ORDER ENTITY

REQUEST DATE, 6/6/2024

EGLIN PARKWAY DONUTS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: EGLIN PARKWAY DONUTS, 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.

COVER LETTER

TO: Registration Section Division of Corporations

EGLIN PARKWAY DONUTS, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha O'Neill

Name of Person

Paris Ackerman LLP

Firm/Company

120 Eagle Rock Ave, Suite 315

Address

East Hanover, NJ 07936

		City/State and Zip Code				
vikp@psqmc.com E-mail address: (to be used for future annual report notification)						
For further information c	oncerning this matter, please ca	all:		2.0	- HUH - 6	15261T
Samantha O'Neill		97 <u>3</u> 747- at ()	-3225	ASS ASS	-	
Name o	i Person	Area Code	Daytime Telephone Number	E, FL	AM 11:57	1
Enclosed is a check for the	he following amount:					
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Fil Certificate	ing Fee. e of Status	&	

(additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EGLIN PARKWAY DONUTS, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/30/2018 ______ and assigned Florida document number 1.18000081985

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:	s 20				
(Principal office address MUST BE A STREET ADDRESS)	TCR J T				
	HAR 6				
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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	address
	(`ity	Florida Zip 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> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

ι,

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angel 469, LLC	3030 North Rock Point Drive West	🗋 Add
		Suite 262	Remove
		Tampa, FL 33607	🗆 Change
MGR	Vikalp Patel	3030 North Rock Point Drive West	
		Suite 262	🗆 Remove
		Tampa, FL 33607	□ Change
			🗋 Add
			🗆 Remove
		TALL AHAS GEF.	Change 22 Jun Add 6 Remiove
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			[]Change
			□Add
			🖾 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	June	4th	2024	
			Al 1	
		Signatu	re of a member or authorized re	CI

Signature of a member or authorized representative of a member

Vikalp Patel, manager

Typed or printed name of signce

Filing Fee: \$25.00