## U90000 33962

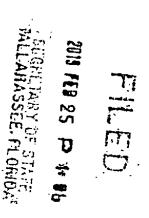
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## **COVER LETTER**

Div	ision of Corp	oorations		
SUBJECT:	Pattie Lou's			
SUBJECT.			ited Liability Company	
The enclosed	f Articles of /	Amendment and fee(s) are sub	mitted for filing.	
		idence concerning this matter		
		Kobina Amoo		
			Name of Person	<del></del>
		Pattie Lou's Donuts		
			Firm/Company	
		5329 Shea St Unit 101		
			Address	<del></del>
		Orlando, FL 32814		
		K.Amoo@Hotmail.com	City/State and Zip Code	<del></del>
		E-mail address: (t	o be used for future annual report not	ification)
For further is	nformation co	ncerning this matter, please ca	ill:	
Kobina Ame	ю		405 269-6827 at ( )	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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 ADDRESS:

TO:

**Registration Section** 

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

Pattie Lou's Donuts			111 Fm
(Name of the Limited ) (A	Liability Compa Florida Limited I	ny as it now appears on our record lability Company)	E FLED
The Articles of Organization for this Limited Liabi	ility Company	were filed on 02/04/2019 201	FEB 25 Findaspy
lorida document number L19000033962		, SEC TALL	METARY OF STATE AHASSEE, FEORIGA
his amendment is submitted to amend the following	ing:		LOWINA
a. If amending name, enter the new name of th	e limited liab	ility company here:	•
he new name must be distinguishable and contain the word	s of family of the file	9. C	······································
ne new name must be distinguishable and contain the word	s Limed Liabii	5329 Shea St	. or the appreviation L.L.C.
inter new principal offices address, if applicable		-	<del></del>
Principal office address MUST BE A STREET A	ADDRESS)	Unit 101 Orlando, FL 32814	
		Orlando, FL 32814	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	)X)		
	<u>,</u>		
3. If amending the registered agent and/or			s, enter the name of the
egistered agent and/or the new registered office	<u>e address her</u>	2:	
Name of New Registered Agent:	Kobina Amoo		<b></b>
New Registered Office Address:	5329 Shea St U	nit 101	
	<del></del>	Enter Florida street addres	\$\$
	Orlando	. F1	orida 32814
_		City	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 a 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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
MRG	Kobina Amoo	5329 Shea St Unit 101, Orlando, FL 32814	
			□ Remo
			Change
			Add
			□ Remove
			Change
		<del></del>	Add
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(If an effective date is listed, the dat Note: If the date inserted in the	he date of filing:
the record specifies a dele b) The 90th day after the	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of ecord is filed.
Dated	2019
	Signature of a member or authorized representative of a member
Kobina Amoo	
Nooma Amoo	Typed or printed name of signee
	cyped or printed name of signed

Page 3 of 3

Filing Fee: \$25.00