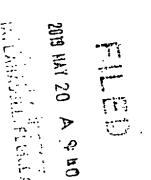
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## COVER LETTER

TO:

Registration Section

Division of Cor	porations		
DONUTS 8	& ME LLC		
SUBJECT:	Name of Limite	ed Liahility Company	
	V	, , , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	AIXA D. AVILES		
	• • •	Name of Person	
	EQUINOX SOLUTIONS		
	·	Pione (C) and a second	
	2800 S ORANGE BLOSSO	Firm/Company M TRI.	
		Address	
	ORLANDO, FL 32805		
	A.AVII.ES@EQ-SO.COM	City/State and Zip Code	
	_	be used for future annual report notif	M
			neation)
For further information c	oncerning this matter, please cal	l:	
AIXA D. AVILES		407 850-7280	
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
呂 \$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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DONUTS & ME LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) 2013 that 20 A 9 10

The Articles of Organization for this Limited Liability Compa	inv were filed on 02/27/2019 and assigned
Florida document number L1900005677!	INCLAMAGELET (VI) UK
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	obility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	457 AVALON PARK SOUTH BLVD
(Principal office address MUST BE A STREET ADDRESS)	SUITE 100
	ORLANDO, FL 32828
Enter new mailing address, if applicable:	3125 FONTANA ESTATES DR
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32820
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Sip Code
New Registered Agent's Signature, if changing Registered Agen	
provisions of all statutes relative to the proper and comple	is provided for in Chapter 605, F.S. Or, if this document is
it C	hanging Registered Agent, <u>Signature of New Registered Agent</u>

If amendin	g Authorized Person(s) authorized to a from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being added
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change
		<u></u>	Remove
			Remove
			Change

). If ame	nding any other information,	enter change(s)	here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date ective date is listed, the date must be sp If the date inserted in this block d ent's effective date on the Departi	oecific and cannot be oes not meet the ap	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( plicable statutory filing requirements, this date will not be listed as the ords.
he rec		ective date, but	not an effective time, at 12:01 a.m. on the earlier of:
Dated <sub>-</sub>	May 16	Aly Rosu	9 0
	Sign	tture of a member or :	nuthorized representative of a member
			XJ. ROSERO
		Typed or p	rinted name of signee

Page 3 of 3

Filing Fee: \$25.00