

L19000082786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

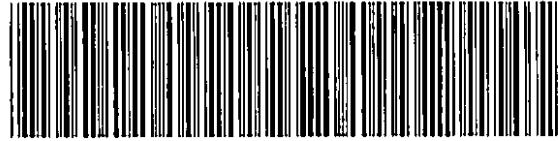
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 APR - 2 PM 4:18

SECRETARY OF STATE
MAIL ROOM

2019 APR - 2 AM 9:40


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AND
FILED

T.G.
04/05/19

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 705340 8047271

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : April 1, 2019

ORDER TIME : 2:28 PM

ORDER NO. : 705340-001

CUSTOMER NO: 8047271

DOMESTIC AMENDMENT FILING

NAME: THE DOUGHNUT BAR LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

RESUBMIT

Please give original
submission date as file date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2019

CORPORATE SERVICE COMPANY

SUBJECT: THE DOUGHNUT BAR LLC
Ref. Number: L19000082786

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE DOUGHNUT BAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 319A00006575

19 APR -4 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

if including Authorized Person(s) authorized to manage, add, delete, or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Raul Umpierre	6951 Loch Ness Dr	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Miami Lakes, FL 33014	<input type="checkbox"/> Change
AMBR	Maria Elena Umpierre	6951 Loch Ness Dr	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Miami Lakes, FL 33014	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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COUNTY OF ST. JAMES
CLERK OF COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DEPARTMENT OF STATE
FBI/DOJ

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AND
FILED

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)

Note: 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:
a) The 90th day after the record is filed.

Dated April 1, 2019


Signature of a member or authorized representative of a member

Juan C. Daly

Typed or printed name of signee