

L19000121019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

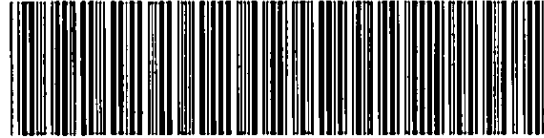
(Business Entity Name)

(Document Number)

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09/23/19--01041--014 **25.00

09/23/19--01041--015 **20.00

FILED
2019 SEP 23 PM 12:08
ST. JAMES, FL

OCT 10 2019
C. KILBO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TORYS HOT MINI DONUTS, PASTRIES AND COFFEE, LLC

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:

ANTHONY PERRIN

Name of Person

TORYS HOT MINI DONUTS, PASTRIES AND COFFEE, LLC

Firm/Company

1445 DOLGNER PLACE, STE 17

Address

SANFORD, FL 32771

City/State and Zip*Code

toryshotminidonuts@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY PERRIN

407

716-5776

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TORY'S HOT MINI DONUTS, PASTRIES AND COFFEE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/3/2019 and assigned
Florida document number L19000121019.

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:

(Principal office address MUST BE A STREET ADDRESS)

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1445 DOLGNER PLACE, STE 17

Enter Florida street address

SANFORD

Florida 32771

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 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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--------------------------------------|---|
| AMBR | ANTHONY PERRIN | PO BOX 952816 LAKE MARY, FL 32795 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ANTHONY PERRIN | PO BOX 952816 LAKE MARY, FL 32795 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ARLENE RODRIGUEZ | PO BOX 962816 LAKE NSRY, FL 32795 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

5/3/2019

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.

Dated September 18 2019

Signature of a member or authorized representative of a member

ANTHONY PERRIN

Typed or printed name of signee