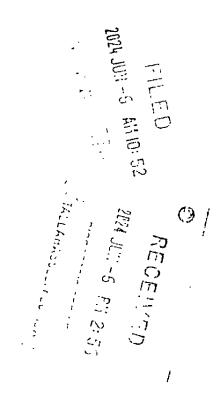
L1900153885

(Requestor's Name)
(Address)
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(Document Number)
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

850-245-6051



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

If you have any questions please contact me at 656-7956,

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE, 6/6/2024	PRIORITY	Regular Approval	OUR REF.# (Order ID#)	1260451
ORDER ENTITY FOREST LAKES DONUTS, LLC				
PLEASE PERFORM THE FOLLO	WING SERVICES	S:		
File the attached amendment				
NOTES: \$25.00 Authorized		· ···	: 	
,				
RETURN/FORWARDING INSTI ACCOUNT NUMBER: I2005000005			. <u>į</u>	
Please hill the above referenced a	ccount for this orc	ler .		

1

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.

Thursday, June 6, 2024 Page 1 of 1

COVER LETTER

TO:

Registration Section

Div	ision of Co	rporations		
OUD IDEED	FOREST L	AKES DONUTS, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
i				
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Samantha O'Neill		
		-	Name of Person	
		Paris Ackerman LLP		
		-	Firm/Company	
		120 Eagle Rock Ave, Suit	e 315	
			Address	
		East Hanover, NJ 07936		
			City/State and Zip Code	
		vikp@psqmc.com		
			to be used for future annual report n	otification)
For further in	iformation c	oncerning this matter, please c	all:	
Samantha O'	Neill		973 747-3225	
	Name o	f Person		ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	Section
		orporations	Division of C	
). Box 632		The Centre of	Tallahassee
Lai	lahassee. I	°L 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ALL TO ARTICLES OF ORGANIZATION FILED OF 2024 JUH - 6 AH 10: 51

FOREST LAKES DONUTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on [L19000153885] 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 alter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS]	obreviation "L.L.C."
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 alternew principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the absence rew principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS)	
n	
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 nam</u> agent and/or the new registered office address here:	e of the new registere
agent and/of the new registered office address nere:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	 -
, 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 ago provisions of all statutes relative to the proper and complete performance of my duties, and I am f accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address. I hereby confirm that the lin company has been notified in writing of this change.	familiar with and if this document is

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>	Type of Action
MGR	Angel 469, LLC	3030 North Rock Point Drive West	□Add
		Suite 262	■Remove
		Tampa, FL 33607	_
MGR	Vikalp Patel	3030 North Rock Point Drive West	■ Add
		Suite 262	
		Tampa, FL 33607	
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□ Add
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			□Change
			🗆 Add
			□Remove
			□Change

	
	
	
	The state of the s
Note: If the	date, if other than the date of filing:
se record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the
f)_4_d	June 4th 2024
Dated	
Dated	\mathcal{M}