## 119000267062

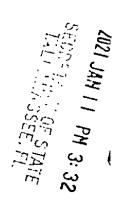
| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nam | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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| TO: Reg<br>Divi | istration Section<br>ision of Corpor  | on<br>Pations                   |  |                                      |
|-----------------|---|---------------------------------|--|--------------------------------------|
|                 | Iny Bitty Doni  | nts Florida                     | • •  | *                                    |
| SUBJECT:        |   |                                 | Liability Company  |                                      |
|                 |   |                                 |  |                                      |
| Please return   | i all correspond  | lence concerning this matter to | me following.  |                                      |
|                 |   | Tammy Sammons                   |  |                                      |
|                 | Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following: |                                 |  |                                      |
|                 |   | Itty Bitty Donuts Florida       |  |                                      |
|                 |   |                                 | Firm/Company   | SE                                   |
|                 |   | 244 Silver Pine Drive           |  |                                      |
|                 |   |                                 | Address  |                                      |
|                 |   | St. Augustine, FL 32092         |  |                                      |
|                 |   | D. ide Comp                     |  | E PE                                 |
|                 |   | E-mail address: (to             | be used for future annual report notification)                                     |                                      |
| For further     | r information co  |                                 |  |                                      |
|                 |   |                                 | 727 534-7073   | one Number                           |
|                 | Name o  | f Person                        | Area Code Daytime Telepii  | one rumoe.                           |
|                 |   |                                 |  |                                      |
|                 |   | ☐ \$30.00 Filing Fee &          | Certified Copy   | Certificate of Sta<br>Certified Copy |
|                 | Registration<br>Division of (<br>P.O. Box 63  | Section Corporations 27         | Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre | assee<br>eet, Suite 810              |

TO:

## TO ARTICLES OF ORGANIZATION OF

Itty Bitty Donuts Florida, LLC

company has been notified in writing of this change.

(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 01/05/2021 Florida document number L19000267062 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Itty Bitty Donuts Florida, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 244 Silver Pine Drive Enter new principal offices address, if applicable: St. Augustine, FL 32092 (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_ City 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  $\epsilon$ provisions of all statutes relative to the proper and complete performance of my duties, and I am familia. accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this c being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lie

If Changing Registered Agent, Signature of New Registered.

| <u>Title</u> | <u>Name</u>      | <u>Address</u> <u>T</u>           |
|--------------|------------------|-----------------------------------|
| Mgr          | James C. Sammons | 17301 Evelyn Court                |
|              |                  | Spring Hill, FL 34610             |
| AMBR         | Cody Sammons     | 1236 1st Street, N. Apt. 505      |
|              | 3.12.5           | Jacksonville Beach, FL 32250-8225 |
|              |                  | SECRETARIA II                     |
|              |                  | OF STATE SELL FL                  |
|              |                  |                                   |
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|              |                  |                                   |
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|              |                  |                                   |

or removed from our records:

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|  | 1.01.000  |   |                                       |                        |             | —       |
| Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of | date must be specific ar<br>this block does not | nd cannot be prior to<br>meet the applica     |                                       | nore than 90 days afte |             |         |
| the record specifies a delayed ford is filed.  | effective date, but no                          | ot an effective tin                           | ne, at 12:01 a.m.                     | on the earlier of: (b  | ) The 90tl  | h da    |
| Dated  |   | 2021  |                                       |                        |             |         |
|  | /   | <u> </u>                                      |                                       |                        |             |         |
|  | Signature of a                                  | member or author                              | rized representative                  | of a member            |             |         |
|  | <u> </u>  | Typed or printed                              |                                       |                        |             |         |

Filing Fee: \$25.00