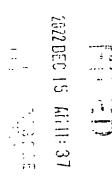
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Meli Governet Greek Donuts Warne 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:
Alexandra Karamitsios
Meli Govrnet Green Donuts
5430 Riviera DC.
Miami, Fl 33146  City/State and Zip Code
Luwmaxi. Flagmail. Com  E-mail address: (to be used for future annual deport notification)
For further information concerning this matter, please call:
Goillesmo Sanc Comerce at (35) 755 7768  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O1	5839 nmn im
(Name of the Limited Liability Companied Liabi	iv as it now appears on our records.)  Note to the control of the
The Articles of Organization for this Limited Liability Company of Porida document number <u>L70000487</u> 2	were filed on $2/14/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	een Donuts LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Z707 WMARLIN AVE Tampa, FI 33611
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2707 W Mallin Ave Tampa, F133611
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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 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 Type of Action <u>Address</u> Title <u>Name</u> \_\_\_\_\_□Add Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Remove \_\_\_\_\_DAdd □Remove \_\_\_\_ Change 

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n effe ite:	ve date, if other than the date of filing:
ecoro is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.
ited .	December 15 2022  Months Signature of a member of authorized representative of a member
	A/wenter farants
	Alexandra Karamitsios
	Λ

Filing Fee: \$25.00