K21 0000 53563

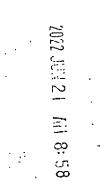
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er 9/11/2022

COVER LETTER

Division of Cor			•
	JT EXPRESSO LLC	·	,
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	KATHRYN HREN		
		Name of Person	
	DOUGHNUT EXPRESSO		
		Firm/Company	······································
	3337 GROVE PLACE		
		Address	
	LAND O LAKES, FL 3463	39	
		City/State and Zip Code	
	KHREN123@GMAIL.CON	1 to be used for future annual report noti	Gestun
P. C. W. W. Serley			neation)
	concerning this matter, please ca		
KATHRYN HREN		330 329-4146 at () Area Code Daytim	The Landson
Name (of Person	Area Code Daytim	ac Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ection
Registration Division of C		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 21 AH 8: 58

DOUGHNUT EXPRESSO 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 v	vere filed on 01/29/2021	and assigned	
Florida document number L21000053563			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or	the abbreviation "L.I. C."	
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
Text register of the second of	Enter Florida street address		
	, Florida		
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S	t am familiar with and S. Or, 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
AMBR	NEIL B ROSE	3337 GROVE PLACE	≡ Add
		LAND O LAKES, FL 34639	
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			☐ Change
			□Add
			□Remove
			51.4

	
	
Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	ate of filing:
e record specifies a delayed effective order is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated JUNE 14TH	2022
Jaikryn	Hin
) //	ighelure of a member or authorized representative of a member
KA¶HRYN HREN	Typed or printed name of signee

Filing Fee: \$25.00