

L23000028668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

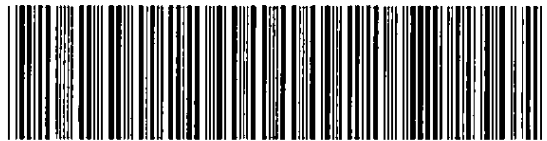
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

2023 MAR -2 PM12:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Donut Hut

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:

William J. O'Neill Jr.

Name of Person

The Donut Hut

Firm/Company

5132 SW Gardenia Ct

Address

Dunnellon, FL 34431

City/State and Zip Code

TheDonutHut@comcast.net

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

For further information concerning this matter, please call:

William J. O'Neill Jr. 239 217-2433

Name of Person at () 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 32304

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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SECRETARY OF STATE
TALLAHASSEE, FL

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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>
MGR	WILLIAM J. O'NEILL JR.	5132 SW GARDENIA CT DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Add
		ONEIL, WILLIAM J	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHARMAINE M O'NEILL	5132 SW GARDENIA CT DUNNELLON FL 34431	<input checked="" type="checkbox"/> Add
		ONEIL, CHARMAINE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NAMES AND STREET ADDRESSES WERE MISPELLED AND MISFILED BY AGENT STARTING LLC

THESE CHANGES ARE NOTED AS CORRECTIONS IN THE ORIGINAL FILING AND SUBSEQUENT

CHANGE FROM FEB. 14, 2023

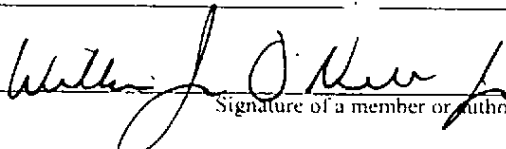
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 24th 2023


Signature of a member or authorized representative of a member

William J. O'Neill Jr.

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE, FL

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