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COVER LETTER

	Registration Se Division of Cor		am'	
eunire		LAFAYA DONUTS LLC		•
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	endence concerning this matter	to the following:	
		AMISH PATEL		
			Name of Person	
		SOUTH ALAFAYA DON	NUTS LLC	
		- · · · ·	Firm/Company	
		991 STINSON WAY, SU	ITE 401	
			Address	
-		WEST PALM BEACH, F	L 33411	
		····-	City/State and Zip Code	· ·· · · · · · · · · · · · · · · · ·
•		amishpatel@patelmanagen		
			to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
AMISH	PATEL		561 360-2051 at (
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25.6	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 Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
	P.O. Box 632	•	The Centre of	•
•	Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

_ and assigned

SOUTH ALAFAYA DONUTS LLC

The Articles of Organization for this Limited Liability Company were filed on <u>07//19/2023</u>

New Registered Agent's Signature, if changing Registered	City d Agent:	, FloridaZip Code zip Code scitv. I further agree to comp	
New Registered Office Address:	Enter Florida si	treet address	
Name of New Registered Agent:			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	ds, enter the name of the new	registere
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
Enter new mailing address, if applicable:		AHASSE	
(Principal office address MUST BE A STREET ADDR	<u> </u>	2028 AUG SECRET	π
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.1	L.C."

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>	Address	Type of Action
AMBR	AMISH PATEL	991 STINSON WAY, SUITE 401	
		WEST PALM BEAHC, FL 33411	■Remove
			□ Change
			🗀 Add
			□ Remove
			□Change
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior k does not meet the applica	able statutory filing requirer	(optional) days after filing.) Pursuant to 605.03 ments, this date will not be listed
document's effective date on the Depa			
	late, but not an effective tii	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day after t
document's effective date on the Depa e record specifies a delayed effective d	late, but not an effective tin	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day after t
document's effective date on the Departure of the Perarture of the specifies a delayed effective of the filed. AUGUST 18	2023	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day after t

l(p)