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SUBJEC	u:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	losed Articles of	COLONIAL DRIVE DONUTS LLC Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: AMISH PATEL Name of Person EAST COLONIAL DRIVE DONUTS LLC Firm/Company 991 STINSON WAY. SUITE 401 Address WEST PALM BEACH, FL 33411 City/State and Zip Code amishpatel@patelmanagement.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: me of Person at (
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		AMISH PATEL		
			Name of Person	
		EAST COLONIAL DRIV	E DONUTS LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		991 STINSON WAY, SU	TE 401	
-		7.10	Address	
		WEST PALM BEACH, F	L 33411	
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For furth	ner information c		·	,
AMISH	PATEL			
	Name o	f Person		elephone Number
Enclosed	d is a check for th	ne following amount:		
≅ \$25.	.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corpo	
	Division of C	orporations –	Division of Corpo	rations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST COLONIAL DRIVE DONUTS 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 were filed on ______07/19/2023 _____ and assigned Florida document number L23000342312 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

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 BEACH, FL 33401	= Remove
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