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Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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STORELARY OF STATE

D. SCOTT JUN 1 6 2017

COVER LETTER

TO: Registration Solution of Con	ection rporations	*,			
SUBJECT: BTistro, L.	LC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Bach Tuyet Nguyen				
	<u>-</u>	Name of Person			
	BTistro, LLC				
		Firm/Company			
	4267 Henderson Boulevar	d		سلباري وبهر	
		Address			
	Tampa, FL 33629			1000円	
		City/State and Zip Code		A 13 M	1
	rwilkes@rbwilkes.com				بلم
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	cation)	9.02	
Bach Tuyet Nguyen		813 546-4648 at ()			
Name o	f Person	Area Code Daytime	Telephone Number	N	
•		• .		- \$6 ₁ (
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee .	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTistro, 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 _______04/20/2016 and assigned Florida document number L16000080415 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 "L.L.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 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: Enter Florida street address , Florida City

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 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>	Address	Type of Action
AMBR	Richard B. Wilkes, Esq.	60 S. Magnolia Ave. #200, Tampa,	
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical locument's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605.020 ble statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
C_{i}	7
Pated / Une 9 , 2017	
//X	rized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00