Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	
To:		
	Division of Corporations Fax Number : (850)617-6383	
	rax Number : (850)617-6383	
From:		
	Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC Account Number : 120070000020	
	Phone : (813)435-3176	;
	Fax Number : (813)333-6358	
and	the email address for this business entity to be used for nual report mailings. Enter only one email address please.	future .**
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Ema	the email address for this business entity to be used for nual report mailings. Enter only one email address please. ail Address: NGWN(CESTATE/CORRECT OR M/MG RESIGMR. B'S SOUTHERN CUISINE, LLC Certificate of Status	. **
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Electronic Filing Menu

Corporate Filing Menu

Help

H21000207142 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR. B'S SOUTHERN CUISINE, He			
(Name of the Limited Liability Companion (A Florida Limited L.	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L14000016167</u>	_ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil		TALLAMA SE))
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viation L.C."	<u> </u>
Enter new principal offices address, if applicable:		LT: _	.73
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
) Oi	_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			- -
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of	the new registe	- ered
Name of New Registered Agent:			_
New Registered Office Address:	P. Children		_
	Enter Florida street 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

Florida

Zip Code

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
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