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BECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations		•	4
SUBJECT: Bam B	Name of Limited Liability Co	ican Rompany	esteurant lle
The enclosed Articles of Amendment	and fee(s) are submitted for filing	<u>.</u>	
Please return all correspondence conc	erning this matter to the followin	g:	
S	Tacey Ann Name of	Ruffin	
Ban	BOD'S Salle Firm/Con		autent
236	Miracle Sis	PKwy	SE
Tool	Walton Be		32548
Stay	Nolon 2994 6 E-mail address: (to be used for fur	•	u
-	E-mail address: (to be used for fur	ure annual report notification	on)
For further information concerning th	is matter, please call:		
Stocey Hun Rul Name of Person	at (8.)	So) 684 – Code Daytime Tele	84CS ephone Number
Enclosed is a check for the following	amount:		
\$25.00 Filing Fee	Filing Fee & S55.00 F ficate of Status Certifie		☐ \$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 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

BamBors Jamaican	Restauro	nt-	LLC
(Name of the Limited Liability Compan (A Florida Limited Lia	zas it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on	5/15	and assigned
Florida document number <u>LISODO 176355</u> .	'	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil			
Bamboo's Samaican Rest	aurant 3	Staff	ing LLC
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designati	on "LLC" or th	e 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:		·	- E - B - B - B - B - B - B - B - B - B
(Mailing address MAY BE A POST OFFICE BOX)			
		 	S語 25 F
B. If amending the registered agent and/or registered offi			
registered agent and/or the new registered office address here:	ce address on our	recorus, <u>em</u>	rer the diame of the nev
			27 28 27
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida stre	et address	
		, Florida	1
	City	 ,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	-	* *	
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr			
being filed to merely reflect a change in the registered office a			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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If an effect Note: If	e date, if other the tive date is listed, the d the date inserted in it's effective date or	late must be speci this block does	fic and cannot be not meet the	applicable star	f filing or more	than 90 days af	tional) ter filing.) Pursuan his date will not	t to 605,0207 (be listed as th
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Filing Fee: \$25.00