L160000080415

Office Use Only



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COVER LETTER

 Division of Cor 	porations		
BTistro, LI SUBJECT:	.c		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bach Tuyet Nguyen		
		Name of Person	
	BTistro, LLC		
	-	Firm/Company	·
	4267 Henderson Boulevard	i	
		Address	
	Tampa, FL 33629		
		City/State and Zip Code	
	rwilkes@rbwilkes.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Bach Tuyet Nguyen		813 546-4648 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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)

TO:

Registration Section

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			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number L16000080415			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4267 Henderson Boulevard		
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33629		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4267 Henderson Boulevard Tampa, FL 33629		
B. If amending the registered agent and/or registered of			
registered agent and/or the new registered office address her	E ARY OF D		
Name of New Registered Agent:	FLIORE STA		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		

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.		600 S. Magnolia Avenue, Ste 200,	□ Add
				■ Remove
				☐ Change
				Add
				☐ Remove
		•		□ Change
				□ Add
				Remove
				Change
				Add
				Remove
			,	Change

				□ Remove
			LA HASS	□ Change
			TION	
			DA TE	Remove

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ctive effectiv	date, if other than the date of filing:
effectiv e: If the	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
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Filing Fee: \$25.00