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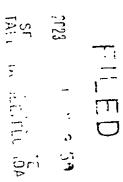
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COVER LETTER

Registration Section

Division of Corporations

TO:

	all Brands LLC		
SUBJECT:	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:	
	Steven Strigler		
		Name of Person	
	Walking Tall Brands LLC		
		Firm/Company	
	5450 Bruce B. Downs Bly	rd- Suite 393	2728 SE TAI
	_	Address	
	Wesley Chapel, FL 33544		5 _ [T
	-	City/State and Zip Code	
	steve.strigler@walkingtallb		
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
Steve Strigler		781 467-9573	
Name o	f Person		Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walking Tall Brands LLC	<u> </u>	
(<u>Name of the Lim</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I		18/2019 and assigned
lorida document number L19000185337	<u> </u>	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company" the	decignation "LLC" or the abbreviation "LLC"
•		assignation line of the apprehimation line.
Enter new principal offices address, if appli	cable:	NO NO
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
		TI TI
Enter new mailing address, if applicable:		
•••		·
Mailing address MAY BE A POST OFFICE		
3. If amending the registered agent and/or	registered office address on our	seconds, onton the name of the new regi
ent and/or the new registered agent and/or	· ·	ecords, enter the name of the new regi
<u> </u>		
Name of New Registered Agent:	Adam Besnard	
New Registered Office Address:	5450 Bruce B. Downs Blvd- Suit	c 393
	Enter Flo	rida street address
	Wesley Chapel	, Florida 33544
	City	Zin 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMRR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Remove
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Tective date, if other than the dan effective date is listed, the date must ote: If the date inserted in this blockerment's effective date on the Department.	be specific and cannot be priock does not meet the appli	cable statutory filing	ore than 90 days aft	tional) er filing.) Purs nis date will r	uant to 605.02 not be listed
record specifies a delayed The 90th day after the reco		ot an effective ti	me, at 12:01		he earlier 2023
January 26	2023			5	
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	signature of a member or auth	norized representative	of a member		

Page 3 of 3