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| SUBJEC | . 1 : | Name of Lim | ited Liability Company | |
| The encle | osed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | turn all corresp | oondence concerning this matter | to the following: | |
| | | Adam Besnard | | |
| Division of Corporations walkingbistreaux1 lle Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Adam Besnard Name of Person Walking Tall Brands LLC Firm/Company 5450 Bruce B Downs Blvd: Suite 393 Address Wesley Chapel, FL 33544 Cicy/Stace and Zip Code steve.strigler@walkingtallbrands.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Steven Strigler Name of Person Name of Person Name of Person Daytime Telephone Number Enclosed is a check for the following amount: Esclosed is a check for the following amount: Steven Strigler Name of Person Name of Person Street Address: Registration Section Registration Section | | | | |
| Division of Corporations walkingbistreaux1 lie Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Adam Besnard Name of Person Walking Tall Brands LLC Firm/Company 5450 Bruce B Downs Blvd- Suite 393 Address Wesley Chapel, FL 33544 City/State and Zip Code steve.strigler@walkingtallbrands.com Firmal address (to be used for future annual report nonfriction) For further information concerning this matter, please call: Steven Strigler Name of Person Name of Person Registration Section Division of Corporations Street Address: Registration Section Division of Corporations Presentation Section Division of Corporations | | | | |
| Walking Tall Brands LLC Firm/Company 5450 Bruce B Downs Blvd- Suite 393 Address | | | | |
| | | 5450 Bruce B Downs Blvd | I- Suite 393 | |
| | | | Address | |
| | | Wesley Chapet, FL 33544 | | |
| City/State and Zip Code | | | | |
| | | | | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For furthe | er information | concerning this matter, please co | all: | |
| Steven S | trigler | | | |
| | Name | of Person | | ne Telephone Number |
| Enclosed | is a check for | the following amount: | | |
| ■ \$25.0 | 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | ection |
| Division of Corporations | | Division of Co | Division of Corporations | |
| | P.O. Box 63 Tallahassee, | | The Centre of 2415 N. Monro | Laffafiassec be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

walkingbistreaux1 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 7/18/20019 and assigned Florida document number $\frac{L19000185346}{L19000185346}$ 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 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 |
|--------------|--------------|--|----------------|
| MGR | James Lester | 13435 Canopy Creek Drive Tampa, FL 33625 | = Add |
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| If amending any other inform | mation, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| Effective date, if other than t (If an effective date is listed, the date it Note: If the date inserted in this document's effective date on the | nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 sblock does not meet the applicable statutory filing requirements, this date will not be li | 05.0207 (; sted as tl |
| he record specifies a delayed effec ord is filed. | ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af | ter the |
| Dated July 7 | 2020 | |
| 4. | | |
| | | |
| | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00