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COVER LETTER

SUDJECT.	walkingbistreau	x1 LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed	Articles of Ame	ndment and fee(s) are sub-	mitted for filing.			
Please return	all corresponden	ce concerning this matter	to the following:			
	5	Steven Strigler				
	_		Name of Person		_	
	,	Walking Tall Brands LLC				
	_	- .	Firm/Company			
	5	5450 Bruce B. Downs Blvo	d- Suite 393			
	_		Address	-	-	
	,	Wesley Chapel, FL 33544				
	-		City/State and Zip Code		- TAS 22	
	st	eve.strigler@walkingtallb	rands.com to be used for future annual report noti	fication)		
For further in	formation conce	rning this matter, please ca		neation)	÷ -	<u>-</u> -
Steve Strigle	r		781 467-9573 at ()			
	Name of Pers	on		e Telephone Numbe	בי ליקו	
Enclosed is a	check for the fol	lowing amount:				
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	ate of Status & I Copy	

Mailing Address:

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

walkingbistreaux1 LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited I	Liability Company were filed on	7/9/2020 and assigned
This amendment is submitted to amend the fol	lowing:	
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," th	
Enter new principal offices address, if appli	cable:	A 22
Principal office address MUST BE A STRE	ET ADDRESS)	= = =
Enter new mailing address, if applicable:		= U
(Mailing address MAY BE A POST OFFICE BOX)		, Şc
printing maires, 12711 DE 711 OFF OFF FEE		
3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	O'	r records, <u>enter the name of the new regis</u> t
Name of New Registered Agent.	6460 D. D. D. D. L. O.	. 102
New Registered Office Address:	5450 Bruce B. Downs Blvd- St	inte 393 Florida street address
	r,nier r	IOLINA PILEEL ANALESP
	Wesley Chapel	, Florida 33544

If Changing Registered Agent, Signature of New 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			Remove
			☐ Change
			☐Remove
			□Change
			□Remove
			□Change
			□Remove
			Change

D. If amending any other informa	tion, enter change(s) here	e: (Attach additional she	ets, if necessary.)
		-	
			· · · · · · · · · · · · · · · · · · ·
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n - 100 11			
		•	
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	st be specific and cannot be prior ock does not meet the application.	able statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 (iments, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the reco		t an effective time, at	: 12:01 a.m. on the earlier of: $\frac{A}{23}$
Dated	2023		
	2		
	Signature of a member or author	rized representative of a mem	ober 5 - O
Adam Besnard			ūrī ·

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Typed or printed name of signee