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(Requ	iestor's Name)	<u> </u>
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COVER LETTER

TO: Registration Section Division of Corporation		*	
SUBJECT: 1 DO 11	makistnery Z	LLC	
SUBJECT: TAXATIC	ngbistvegux Z Name of Limite	d Liability Company	
The enclosed Articles of Ar	mendment and fce(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Adam Bi	Name of Person	
		Firm/Company	
		, ,	
	5450 Bruce	B. Downs Blud-Sinte 393	
	Wesley Cho	Pel, FL 33544 City/State and Zip Code	
		lera walkingtall brands. coir be used for future annual report dotification)	7
For further information con	cerning this matter, please call	:	
		/1/7 0==2	
Steve Stri	o e C	at (781) 467-9573 Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Se	ction	Street Address: Registration Section	
Division of Cor		Division of Corporations	
P.O. Box 6327 Tallahassee, FL	. 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
· —		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2320 JUN -8 FH 5: 20

walkingbistreaux2 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 Compan Florida document number $\frac{1.20000072485}{1.20000072485}$.	y were filed on 3/4/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	sility Company," the designation "L.L.C" 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:	5450 Bruce B Downs Blvd- Suite 393
(Mailing address MAY BE A POST OFFICE BOX)	Wesley Chapel, FL 33544
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	····
New Registered Office Address:	
	Enter Florida street address
·	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	,
	ree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	2020 JULY - 9 PH 5: 20 Address	Type of Action
MGR	James M. Lester	13435 Canopy Creek Drive Tampa, F1, 33625	■Add
			□Remove
			□ Change
			□Add
		<u> </u>	□Remove
			□Change
		•	DAdd
			□Remove
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			□ Channa

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to o	date of filing or more than 90 days after filing.) Pursuant to 605.0
<u>te:</u> If the date inserted in this block does not meet the applicabl ument's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed
arrests of the o	
cord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after t
s filed.	
June 5, 2020 ed ,	
ed	.*
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Signature of a member or sutherize	and representative of a member
Signature of a member or authoriz	red representative of a member

Filing Fee: \$25.00