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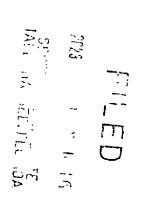
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC	walkingbis T:	treaux2 LLC			
000000		Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Steven Strigler			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Walking Tall Brands LLC			
			Firm/Company		
		5450 Bruce B. Downs Blv	rd- Suite 393		
			Address	FAL.	
		Wesley Chapel, FL 33544		7.3 另	·
		•	City/State and Zip Code		<u> </u>
		steve.strigler@walkingtallb			; ; •
		E-mail address: (to be used for future annual report noti	fication)	
For furthe	er information c	oncerning this matter, please c	all:	90, 15	1
Steve Str			781 467-9573 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25. 0	0 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.))
The Articles of Organization for this Limited I	Liability Company were filed on _	3/4/2020 and assigned
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	- FAI
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u> </u>
	-	
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:		records, enter the name of the new reg
-	5450 Bruce B. Downs Blvd- St	nite 393
New Registered Office Address:		lorida street address
	Wesley Chapel	, Florida ³³⁵⁴⁴
	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
			□Add
			□Remove
			□Change
·			□Add
			□Remove
		77.0	□Change
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Page 2 of 3

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	e specific and cannot be prior to date of filing or a does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a
record specifies a delayed e The 90th day after the recor		time, at 12:01 a.m. on the earlier of
January 26 ited	2023	5
	 ,	
	<i></i>	
	gnature of a member or authorized representative	

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