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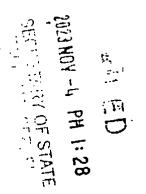
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TO: Registration Section Division of Corporations	
subject: <u>BDMU</u>	Restaurant Group, LLC Name of Limited Liability Company
The enclosed Articles of Amendmen	nt and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
	Tina Fischer Name of Person
<u>F</u>	-letcher Fischer Pollack P.L.
	+33 Central Ave Suite 400
	City/State and Zip Code + fischer (a f f) legal com E-mail address: (to be used for future annual report notification)
For further information concerning t	his matter, please call:
Tima Ficher Name of Person	at (813) 898 - 2828 Area Code Daytime Telephone Number
Enclosed is a check for the following \$25.00 Filing Fee \$30.0 Cer	g amount: 00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Gertificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporatio	Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Flo	orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number L2000 277862	y Company were filed on July 30, 2020 and assigned
This amendment is submitted to amend the following	y;
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 AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new register</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City , Vip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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.

New Registered Agent's Signature, if changing Registered Agent:

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 ac or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address Type of Action 433 Central Are DAdd Flavio Fiscella MBR Suite 401 XRemove Sairt Peterburg, Fl 33701 _ Change 433 Central Are MAdd MGR Lamia Sbini Suite 401 Remove Saint Petersburg FL 33701 - Change ______ □Change

□Remove

______ □Change

____ DAdd

_____ Change

Remove

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	the date, if other than the date of filing:
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	November 3, 2021 Live M. Live authorized Representative of amember Signature of a member or authorized representative of amember Typed or printed name of signee
	LINA M. Tischer Typed or printed name of signee