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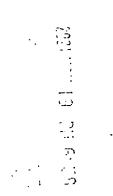
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COVER LETTER

Registration Section

Division of Corporations

TO:

CALLM RI SUBJECT:	ESTAURANTS LLC		
	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adam A. Bardosy		
		Name of Person	
	Mallery sc.		
		Firm/Company	
	731 North Jackson Street,	Suite 900	
		Address	
	Milwaukee, Wisconsin 532	202	
		City/State and Zip Code	
	abardosy@mallerysc.com		
	E-mail address: (to be used for future annual report notification)	.o -s
For further information co	oncerning this matter, please ca	all:	
Adam A. Bardosy		414 271-2424 at ()	·. :
Name o	f Person	Area Code Daytime Telephone No	umber
Enclosed is a check for the	ne following amount:		- (17) (20)
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALLM RESTAURANTS 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 February 10, 2021 Florida document number L21000071043	and	d assigne	:d
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	abbreviatio	on "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, <u>enter the na</u> agent and/or the new registered office address here:	me of the	e new re	gist
Name of New Registered Agent:		- 1	
Nam Paristand Office Address:		٠. ٪	•
New Registered Office Address: Enter Florida street address		(1)	
, Florida .		- -	
City	Zip (ode T	
New Pegistered Agent's Signature if changing Registered Agent	FT: '	. U	

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ann Roeske		□Add
		8713 Sorano Villa Drive, Tampa, FL 33647	■Remove
			Change
MGR	Luke Roeske	18916 New Passage Blvd., Land O Lakes, FL 34638	B ≣Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			<u></u> □ <u>Ad</u> d <u>.</u> i
			Remove
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			□Add
			□ Remove
			□Change

	
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ive date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing resent's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t is filed.	he earlier of: (b) The 90th day after t
ed Nov. 14 . 2021	

Filing Fee: \$25.00