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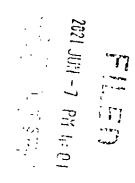
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COVER LETTER

, TO:

Registration Section

Tallahassee, FL 32314

DIVISION OF COL	porations				
SUBJECT:	IPSTNAILBARU Name of Limi	FTOWN BUCA, LLC			
	Amendment and fee(s) are sub-	_			
		Name of Person			
	TIPSYNAIL	BHK UP TO WN BOCA Firm/Company SR DAD #220 Address	<u> </u>	2021 JUN - 7	77
	BULARATON	Address FIGRIDA 3:	3434		71
	ANDREWNAUT E-mail address: (1	FLORIDA 3: City/State and Zip Code EN1970 (A GMAIL.) to be used for future annual report notific	Co M	. 0	
For further information c	oncerning this matter, please ca	all:			
ANDREW A	14UTEN Person	at (<u>954</u>) <u>554</u> Area Code Daytime	- Z 3 12 Telephone Number		
Enclosed is a check for the	ne following amount:				
≥ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filir Certificate Certified C (additional co	of Status opy	
<u>Mailing Addres</u> Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIPSYNAILBARUPTOWNBO	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L Z I O DO I I Z & & Z</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4656 GLADES ROAD
(Principal office address MUST BE A STREET ADDRESS)	9656 GLADES ROAD BOCARATON, FLORIDA 33434
Enter new mailing address, if applicable:	1400 NW 51 STE LAUDENHILL FLOREDAT 33319
(Mailing address MAY BE A POST OFFICE BOX)	LAUDENHILL FLORUDAT32319
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
	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 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
MGR	QUOC NGUYEN	7400 NW 51 ST	🗹 🗹 Add
		LAUDERHILL, FL 33319	□Remove
			□Change
MGR	XUAN NGUYEX	7400 NW 51 ST	OYAdd
		LAUDEXHILL, FL 333	19 🗆 Remove
			□Change
			□ Add
			Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to	date of tiling or more	than 90 days after	filing.) Pu	rsuant to 605 Lnot be list	5,020 red a
te: If the date inserted in this block does not meet the applicab ument's effective date on the Department of State's records.	ne statutory timig t	equirements. un:	s date will	i not oc nse	cu a
cord specifies a delayed effective date, but not an effective tim-	e, at 12:01 a.m. on	the earlier of: (b) The 90)th day afte	er the
s filed.					
T. 16 51 21					
ed <u>JUNE 01, 21</u> .	_ •				
ed JUNE 01, 21 Signature of a member or authori					