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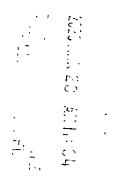
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COVER LETTER

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TO: Registration Section

Division of Cor	porations		
	Cantina Sanibel, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tim McGowan		
		Name of Person	
	Rosalita's Cantina Sanibel	, LLC	
		Firn/Company	
	975 Rabbit Road		
		Address	
	Sanibel, FL 33957		
		City/State and Zip Code	
	tim@mbdstl.com	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		€.:
		314 503-5028	Telephone Number
Tim McGowan		at ()	<u> </u>
Name o	f Person	Area Code Daytin	ne 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rosalita's Cantina Sanibel, LLC		
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our r lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L22000517531	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
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	: N/A	
Principal office address MUST BE A STREET A.	DDRESS)	
		<u> </u>
Enter new mailing address, if applicable:	N/A	£ ,
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u> </u>
		· · · · · ·
 If amending the registered agent and/or registered and/or the new registered office address he 		nter the name of the new regis
Name of New Registered Agent:	/A	
New Registered Office Address:	Enter Florida street a	ddress
		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>	<u>Address</u>	Type of Action
MGR	Sean P. McGowan	1149 Center Drive, St. Louis, MO 63117	\
			□Remove
			□Change
MGR	William J. McGowan	4647 Pershing Place, St. Louis, MO 63108	= Add
			□Remove
			□Change
MGR	Seamus P. McGowan	408 S. warson Road, St. Louis, MO 63124	: ≣ Add
			Remove
			□Change
			:- :_ □ ^ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
			□Change

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ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blument's effective date on the December 2.	t be specific and cannot be prior to dat ock does not meet the applicable :	(option to of filing or more than 90 days after fistatutory filing requirements, this continuous co	ling.) Pursuant to 605.02
cord specifies a delayed effectiv s filed.	e date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
March 22nd	2023		
	<i>) //</i> _		
7	Signature of a member or authorized	representative of a member	