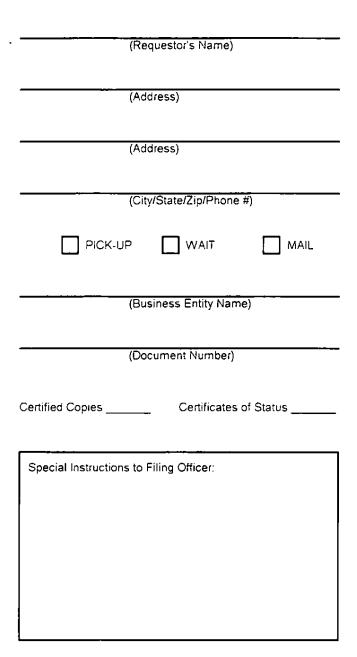
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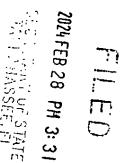


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COVER LETTER

	gistration Se rision of Cor		:	1	
CUDIECT.	Tabla Franc	chise LLC			
SUBJECT:		Name of Lim	ited Liability Company		— —
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Eric Frommer			
			Name of Person		
		ATLAS Law Group LLC			
			Firm/Company		
		5829 Grand National Drive	e		
			Address		
		Orlando, FL 32819			
			City/State and Zip Code		
		e.frommer@stealthmanage.			
		E-mail address: (to be used for future annual	report notification)	
For further i	nformation c	oncerning this matter, please c	all:		
Eric Fromm	er		407 581	1-5049	<u>_</u>
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for th	ne following amount:			
■ \$25.00)	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section			Street Ac Registra	ddress: ation Section	
Division of Corporations			Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tabla Franchise LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 02/23/2024	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		Fil. 2024 FEB 28 8500 1/4
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ente</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	. F	lorida
	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
			Remove
			Change
			□Remove
			☐ Change
			□ Remove
			Change
			□Add
	`		□ Remove
			□ Change
			□Remove
			□ Change
			□ Remove
			□Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The EIN listed on sunbiz is incorrect. The EIN should be 93-4334385.
	THE DITY HALL ON SUNDING THE DAY SHOULD GO YOU WE SHOULD
(If an e <u>Note</u>	ctive date, if other than the date of filing:
uocu	thieft & effective date on the Department of State & records.
f the rec record is	ord 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 filed.
Date	d February 23 2024
	Signature of a member or authorized representative of a member
	Eric Frommer

Typed or printed name of signee