To: 18506176383 Fax: 8134365206 12/12/2024 08:07:4<del>€</del>/-©T Page: 1/4

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future മ\_annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN . ASIAN BOWL-BA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

12/12/2024 08:07:49 PST . To: 18506176383 Page. 2/4 Fex: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Asian Bowl-ba LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on o	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000388019</u>			_ and assigned
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	lity Company," the designa	ttion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		
Enter new mailing address, if applicable:			20
(Mailing address MAY BE A POST OFFICE BOX)			21.0
			<u> </u>
			12
B. If amending the registered agent and/or registered office a	address on our record	is, enter the name	of the new register
agent and/or the new registered office address here:			. 9
		. •	47
Name of New Registered Agent:		: <del>-</del>	
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florida st	reet address	
	, Florida		
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre			

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.

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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
AMBR	Messina. Daniel	7901 4TH ST N STE 300	🖺 Add
		ST. PETERSBURG, FL 33702	□Remove
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Note: If the date inserte	er than the date of filing:, the date must be specific and cannot ed in this block does not meet the on the Department of State's	he applicable statutory.	(optional) or more than <sup>90</sup> days after filing.) Pu filing requirements, this date will	suant to 605.0207 (3)(b) not be listed as the
If the record specifies a defa- record is filed.	yed effective date, but not an ef	Tective time, at 12:01 a	.m. on the earlier of: (b) The প্ৰ	th day after the
Dated Dec 12	202	24		
<i>∴</i>	A- Con JA-L.			

Typed or printed name of signee