

L21000215333

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COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: THE KNIGHT'S TABLE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melinda K Watkins

Name of Person

Firm/Company

132 Hines Dr.

Address

Four Oaks NC, 27524

City/State and Zip Code

melinda.k.watkins@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda K Watkins

Name of Person

at (845) 800 7773

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE KNIGHT'S TABLE, 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 5/10/2021 and assigned
Florida document number 1,21000215333.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IWANNA APPROVAL LLC

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:

2020 Silver Creek Road, Suite B109-5

(Principal office address MUST BE A STREET ADDRESS)

Bullhead City, Arizona 86442

Enter new mailing address, if applicable:

2020 Silver Creek Road, Suite B109-5

(Mailing address MAY BE A POST OFFICE BOX)

Bullhead City, Arizona 86442

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	Melinda Yerkes	1600 Silver Creek Rd #418	<input type="checkbox"/> Add
		Bullhead City AZ 86442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melinda K Watkins	132 Hines Drive	<input checked="" type="checkbox"/> Add
		Four Oaks, NC 27524	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Randolph Yerkes	9552 Gray Fox Dr	<input type="checkbox"/> Add
		Weeki Wachee FL 34613	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Robert James Knight II	12207 Colony Lakes Blvd.,	<input type="checkbox"/> Add
		New Port Richey, FL 34654	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 28th, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee