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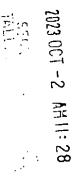
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COVER LETTER

TO: Registration S Division of Co					
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SUBJECT: THE KNIGHT'S TABLE, LLC					
	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Melinda K Watkins				
		Name of Person			
		Firm/Company			
	132 Hines Dr.	Address			
	Four Oaks NC, 27524				
	Tour ours not 27521	City/State and Zip Code	,		
	melinda.k.watkins@gmail.c				
	E-mail address: (to be used for future annual report notifica	ation)		
For further information	concerning this matter, please ea	all:			
Melinda K Watkins		at (845) 800 7773			
Name	of Person		elephone Number		
Enclosed is a check for	the following amount:				
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addi</u> Registration	ress:	Street Address: Registration Secti	On		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KNIGHT'S TABLE, LLC			
(<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	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 liab	ility company here:		
IWANNA APPROVAL LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e 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)	DRESS) 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	783 0	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the n	ame of themew registered	
New Registered Office Address:	, <u></u>		
	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.

ZONO SIGN DOCUMENT ID: ZACSTEED-9KSEUV IGBIIUJKSAFY I Q9CIZZZSZAZSUCKKUK9BNSI4

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	Melinda Yerkes	1600 Silver Creek Rd #418	□Add
		Bullhead City AZ 86442	□Remove
			≣Change
MGR Melinda K Wat	Melinda K Watkins	132 Hines Drive	■Add
		Four Oaks, NC 27524	□Remove
			□ Change
MGR Randolph Yerkes	Randolph Yerkes	9552 Gray Fox Dr	bAdd
		Weeki Wachee FL 34613	□ Remove
MGR Robert James Knight II	Robert James Knight II	12207 Colony Lakes Blvd.,	Add
		New Port Richey, FL 34654	≡ Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ____ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record 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 record is filed. Dated September 28th Randolph Yerkes Signature of a member or authorized representative of a member Randolph Yerkes Typed or printed name of signee