## K210CC374911

| (Re                     | questor's Name)   |           |
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| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | · #)      |
| PICK-UP                 | MAIT              | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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Office Use Only



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A. BUTLER SEP 1 4 2022

## **COVER LETTER**

| Division of Corp            | orations                                     |   |   |
|-----------------------------|--|---|---|
| subject: Wan                | dering Sage St<br>Name of Limit              | ed Liability Company  | <del></del>   |
| The enclosed Articles of /  | Amendment and fee(s) are subn                | nitted for filing.  |   |
| Please return all correspon | ndence concerning this matter t              | to the following:   |   |
|                             | _  | Me Caw<br>Name of Person  |   |
|                             | Wander                                       | ing Sage Stud   | ios LLC   |
|                             |  | C Firm/Company  |   |
|                             | 16110 M                                      | griad Lane,   | Apt. 203  |
|                             |  | yers FL 33°<br>City/State and Zip Code                              |   |
|                             | busines                                      | 5 @ ed ge ofwond  | er. nyc   |
|                             | E-maii address: (t                           | to be used for forthe annual report                                 | nottrication  |
| For further information co  | oncerning this matter, please ca             | ıll:  |   |
| Patricia                    | a Chasteen                                   | or 614 42   | 5-1404  |
| (office w                   | a Chasteen<br>Person<br>lanager)             | Area Code Da  | ytime Telephone Number  |
| Enclosed is a check for th  | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                             |  |   |   |

Mailing Address: Registration Section Division of Corporations

TO: Registration Section

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

FILED

2022 JUN 23 PM 3: 25 Wandering Sage Studios, LLC STOPE (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  $\frac{8/20/21}{}$  and assigned Florida document number <u>L 21000374911</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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.        | Robert Counts | 275 Cobble Fond Road<br>Zanesville, Ohio 43701   | XAdd           |
|              |               |  | Remove         |
|              |               |  | DChange        |
|              |               |  | □ Add          |
|              |               |  | DRemove        |
|              |               |  | Change         |
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|              |               |  | □ Remove       |
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|              |               |  | □Change        |
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|              |               |  | □Add           |
|              |               | ALC, ILL DESIPHER  | ©Remove        |
|              |               |  | □Change        |

| Address change for one Authorized Member:  Benjamin Chasteen  newaddress: 1713 Palaco Grande Parkway  Cape Coral, FL 33904   |
|--|
| Benjamin Chasteen<br>newaddress: 1713 Palaco Grande Parkway  |
| newaddress: 1713 Palaco Grande Parkway   |
| Cape Coral, FL 33904   |
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| Effective date, if other than the date of filing: 7/1/22, 12:0/AM (optional)  f 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 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. |
| 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 d is filed.  |
| Dated <u>June 17</u> , <u>2022</u> .   |
| Dated <u>June 17</u> , 2022.  Signature of a member or authorized representative of a member   |
| Michael McCaw Typed or printed name of signee  |