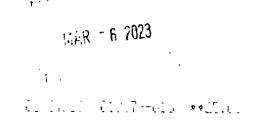


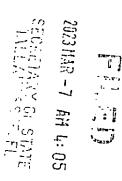
(Requestor's Name)
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COVER LETTER

Division of Co		
WyneKno	ot and more LLC	
SUBJECT:	Name of Limi	ited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	condence concerning this matter	to the following:
	√ Filing MichaelD	
		Name of Person
	ZenBusiness Inc.	
		Firm/Company
	336 E College Ave. Ste 30	d.
	-	Address
	Tallahassee, FL 32301	
		City/State and Zip Code
	fulfillment@zenbusiness.co	om to be used for future annual report notification)
Var forther information	concerning this matter, please c	
Filing MichaelD c/o Z		at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Gertified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8107 ATT Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WyneKnot and more LLC					
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now a Limited Liability Comp	ppears on our re any)	ecords.)		
The Articles of Organization for this Limited Liability Co	ompany were filed o	on <u>2022-01-04</u>		and assigned	,
Florida document number 1.22000012116	•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability compa	ny here:			
Gnarly Chef ELC		<u>, , , , , , , , , , , , , , , , , , , </u>			
The new name must be distinguishable and contain the words "Lim	ited Liability Company,	" the designation	"LLC" or the abb	previation "L.L.C.	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	<u> </u>		<u> </u>		
		··			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
intime, duared in the second			_		
B. If amending the registered agent and/or registere	d office address on	our records,	e <u>nter the nam</u>	ie of the new res	gisterec
agent and/or the new registered office address here:		·			
Name of New Registered Agent:					
Nume of the Artisage of the Ar					
New Registered Office Address:		nter Florida street	address		
	City		Florida	Zip Code	
	•				
New Registered Agent's Signature, if changing Register					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performa agent as provided f red office address, ?.	nce of my dut for in Chapter I hereby confi	ies, and I am :605, F.S. Or. irm that the li	jaminar with a if this docume miteddiability HAR -7 miteddiability HAR -7	на
	If Changing Regis	tered Agent, <u>Sigr</u>	iature of New K	Mico	
				S	(

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	James Frantz	96 Hammock Oaks Blvd	□Add
		Freeport, FL 32439	□Remove
			= Change
AMBR	Misty Frantz	96 Hammock Oaks	DAdd
		Freeport, FL 32439	□Remove
			≣ Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
		<u> </u>	□Change
			🖸 Add
			□Remove
			20 Change HAR Add F
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Filing Fee: \$25.00