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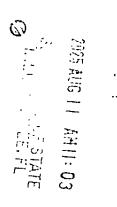
(Requestor's Name)	-
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PICK-UP WAIT MAIL	
(Business Entity Name)	-
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(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:]
Special instructions to 1 ming officer.	





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COVER LETTER

TO: Registration Division of C	Section Corporations	.e	
	588, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	DIEGO NG		
	 	Name of Person	
	WAN 1688, LLC		
		Firm/Company	
	416 N. FEDERAL HWY.		
		Address	
	FORT LAUDERDALE, F	L 33301	
		City/State and Zip Code	-
	diego@templestreeteatery.c	orn to be used for future annual report not	**************************************
For further informatio	n concerning this matter, please c	·	meanon
DIEGO NG		954 6849340	
Nam	e of Person	at ()	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$ 25.00 Filing Fee	S30.00 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)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ection
_	Corporations	Division of Co	rporations
P.O. Box 6	327	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAN 1688, LLC		_
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Con	npany were filed on MAY 03, 2022	and assigned
lorida document number 1.22000182233		
his amendment is submitted to amend the following:		
Ţ		
. If amending name, enter the new name of the limited	d liability company here:	
		<u> </u>
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	he abbreviation-3L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES	<u></u>	
		명등 품
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered o	ffice address on our records, enter the j	name of the new regist
gent 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 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	TWO HAPPY BUDDHA'S, LLC	416 N. FEDERAL HWY	□ Add
		FORT LAUDERDALE FL	■Remove
		33301	Change
AMBR	TWO HAPPY BUDDHA'S, LLC	416 N. FEDERAL HWY	
		FORT LAUDERDALE FL	□Remove
		33301	Change
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		□Remove	
		Change	
	 		
			□Remove
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			□Change

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Effective date, if other than the da	te of filing:		(option	nal)		
(If an effective date is listed, the date must be	specific and cannot be prior t	o date of filing or more t	ihan 90 days after f	iling.) Pursuar	nt to 605.02	07 (3
Note: If the date inserted in this block document's effective date on the Depa		ole statutory mang re	quirements, tius	date will not	. De listeti	as ui
the record specifies a delayed effective do ord is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th o	lay after th	ie
Dated AUGUST 8TH	2025					
Dated	· · · · · · · · · · · · · · · · · · ·	_ ·				
		IEGO NG				
Sig	nature of a member or author	ized representative of a	i member			
	D.17	GO NG				

Filing Fee: \$25.00