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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

WILD TABLE LLC SUBJECT: 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: FRANCISCA THOMAS Name of Person WILD TABLE LLC Firm/Company 2404 COUNTNEY MEADOWS CT. UNIT 303 Address TAMPA, FL 33619 City/State and Zip Code QAFSAB1866@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FRANCISCA THOMAS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & S55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JULY 2	
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WILD 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  $\frac{06/08/2023}{1}$ and assigned Florida document number <u>L23000278490</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 "L.L.C." 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 Office Address: Enter Florida street address

## 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.

City

\_. Florida \_\_

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

Title	<u>Name</u>	Address	Type of Action
MGR	FRANCISCA THOMAS	2404 COUNTNEY MEADOWS CT APT 303	=Add
		TAMPA, FL 33619	□Remove
			□Change
AR FRANC	FRANCISCA THOMAS	2404 COUNTNEY MEADOWS CT, APT 303	□Add
		TAMPA, FL 33619	■Remove
			□Change
MGR CHRISTOPHER JM THOM/	CHRISTOPHER JM THOMAS	2404 COUNTNEY MEADOWS CT, APT 303	≣Add
		TAMPA, FL 33619	□Remove
			□Change
			□Add
			Remove
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			Remove
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			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) S 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 \_ JUNE 12TH 2023

Filing Fee: \$25.00

Typed or printed name of signee

FRANCISCA THOMAS