

L23000278490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

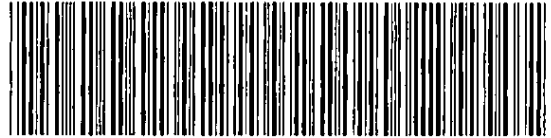
(Business Entity Name)

(Document Number)

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A. PARISHANI

AUG 05 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILD TABLE LLC

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

813 4585939  
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

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANCISCA THOMAS	2404 COUNTNEY MEADOWS CT APT 303	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	FRANCISCA THOMAS	2404 COUNTNEY MEADOWS CT, APT 303	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTOPHER JM THOMAS	2404 COUNTNEY MEADOWS CT, APT 303	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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



Signature of a member or authorized representative of a member

FRANCISCA THOMAS

Typed or printed name of signee