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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TABLESIDE LLC

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Help

2025-01-03 08:22:44 UTC-14 COVER 1.E.I.E.K

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

Tableside LLL

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:

	Allison Monzon		
		Name of Person	
	ZenBusiness INC		
	· · · ·	Firm Company	
	336 E. College Ave Suite	301	
	Name of Person ZenBusiness INC Firm Company 336 E. College Ave Suite 301 Address Talliahussee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please cail: o ZenBusiness INC at (
	Tallabassee, FL 32301		
Name of Person ZenBusiness INC Firm Company 336 E. College Ave Suite 301 Address Tullahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please eail: cito ZenBusiness INC 344 493-6249 at (
	fulfillment/@zenhasiness.ed	om	
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please c	ail:	
ezo ZenBusiness INC		844 493-6249)
Name c	ni freison	Area Code Day	dime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

radditional copy is anclosed).

2025-01-03 08:22:44 UTC-14 18 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Tableside LLC		
(<u>Name of the Limited Liabit</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 2024-01-25	and assigned
Florida document number 1.23000493940		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	aited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "ELC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		200
		cri C
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the n	ame of the new-registered
agent analysis the new registered writes about 655 nert.		ن ز
Name of New Registered Agent:		
		<u>ب</u>
New Registered Office Address:	Enter Florida street address	6
	, 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.

Ĩo:

Page: 4 of 5 2025-01-03 08:22:44 UTC÷14 18506176383 From: ZenBusiness User in amenoing Authorized rerson(s) authorized to manage, enter the time, 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	Daniel flie	8384 laurel lakes blydNaples, F1, 34119	I (Add
			□Remove
			■ Change
MCR Cabriel Hie	9650 Victoria En Api 205Naples, FL 34109	■Add	
			FlRemove
			T:Change
			\\ \(\tau \). \(\tau \)
			□Remove
			С.Станце
· 			
		□Remove	
			⊡Change
		UAdd	
		Remove	
			□Change
			i i iChange

Gabriel Ilie should be listed a	as member and manager.	
<u> </u>		
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ffective date, it other than the hypergraphs date is listed, the date mus	e date of filing:	207 (
iote: If the date inserted in this bl	lock does not meet the applicable statutory filing requirements, this date will not be listed	l as t
ocument's effective date on the D	Department of State's records.	
	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
l is filed.		
1/02	2024	
ated	·	
/c/ Cabriol Hi	10	
/s/ Gabriel IIi	Signature of a member or authorized representative of a member	