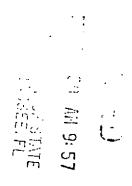
## L24cc 354359

|                         | (Requestor's Name)       |
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|                         | (Address)                |
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| PICK-UP                 | WAIT MAIL                |
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|                         | (Business Entity Name)   |
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| ···                     | (Document Number)        |
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| C-4:6-4 C:              | 0.45                     |
| Certified Copies        | Certificates of Status   |
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| Special Instructions to | Filing Officer:          |
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Office Use Only



900435753169





## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| _                            |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                              |                                                                                                                                                                                                       | <i>⇔WALK IN</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ANDERING PLATE LLC           | •                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| **PLEASE FILE THE AT         | TACHED AND RETURN                                                                                                                                                                                     | fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Plain Copy                   |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Certified Copy               |                                                                                                                                                                                                       | • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Certificate of Status        |                                                                                                                                                                                                       | 52 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                              |                                                                                                                                                                                                       | SEE FI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Certificate of Good Standing | n capumou vo                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| **APOSTILLE' / NOTA          | RIAL CERTIFICATION                                                                                                                                                                                    | V**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| TION                         |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ATES REQUESTED               |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                              | ACCOUNT #:                                                                                                                                                                                            | 120160000072                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                              | 5 K                                                                                                                                                                                                   | The state of the s |
| the above number for any     | issues or concerns,                                                                                                                                                                                   | Thank you so much!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                              | **PLEASE FILE THE AT A Plain Copy Certified Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOW  Certified Copy of Arts & A Certificate of Good Standing  **APOSTILLE' / NOTA  TION ATES REQUESTED | **PLEASE FILE THE ATTACHED AND RETURN  Plain Copy Certified Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE  Certified Copy of Arts & Amendments Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION  ATES REQUESTED  ACCOUNT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THE WANDERING PLATE LLC                                                                                           |                                                           |                                |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I                                                      | ny as it now appears on our records<br>Liability Company) | <u>i.</u> )                    |
| The Articles of Organization for this Limited Liability Company                                                   | were filed on 08/12/2024                                  | and assigned                   |
| lorida document number L24000354399                                                                               |                                                           |                                |
| This amendment is submitted to amend the following:                                                               |                                                           |                                |
| A. If amending name, enter the new name of the limited liab                                                       | ility company here:                                       |                                |
| he new name must be distinguishable and contain the words "Limited Liabil                                         | lity Company," the designation "LLC"                      | " or the abbreviation;"L.L.C." |
| Enter new principal offices address, if applicable:                                                               | 1139 HIAWATHA AVE                                         |                                |
| Principal office address MUST BE A STREET ADDRESS)                                                                | ORLANDO, FL 32825                                         |                                |
|                                                                                                                   |                                                           | <i>uf-</i> 9                   |
| Inter new mailing address, if applicable:                                                                         | 1139 HIAWATHA AVE                                         | AH 9: C                        |
| Mailing address MAY BE A POST OFFICE BOX)                                                                         | ORLANDO, FL 32825                                         | M 7                            |
|                                                                                                                   |                                                           |                                |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter</u>                      | the name of the new reg        |
|                                                                                                                   |                                                           |                                |
| Name of New Registered Agent:                                                                                     |                                                           |                                |
| New Registered Office Address:                                                                                    | Enter Florida street address                              | <u> </u>                       |
|                                                                                                                   |                                                           |                                |
|                                                                                                                   | , F10                                                     | orida<br>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 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>     | Address           | Type of Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------|-----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMBR         | BELEN, NICHOLAS | 1139 HIAWATHA AVE | □Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|              |                 | ORLANDO, FL 32825 | □Remove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|              |                 |                   | <b>■</b> Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|                                                                                                                                            |                                                                        |                                    | <u>ნე-1-</u><br>დაც:<br><b>ო</b> -1-                      | <u></u>                           |
|                                                                                                                                            |                                                                        |                                    | 1,100                                                     | <u>9</u> (_                       |
| <del></del>                                                                                                                                |                                                                        |                                    | <u> </u>                                                  | 57                                |
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|                                                                                                                                            |                                                                        |                                    |                                                           |                                   |
|                                                                                                                                            |                                                                        |                                    | ·                                                         | - <u></u>                         |
| ective date, if other than the effective date is listed, the date must be: If the date inserted in this blument's effective date on the De | t be specific and cannot be prior to dock does not meet the applicable | late of filing or more than 90 day | (optional)<br>es after filing.) Pur<br>ts, this date will | rsuant to 605.02<br>not be listed |
| cord specifies a delayed effective<br>s filed.                                                                                             | date, but not an effective time.                                       | , at 12:01 a.m. on the earlier     | of: (b) The 90                                            | th day after th                   |
| ed August 29th                                                                                                                             | 2024                                                                   |                                    |                                                           |                                   |
| ed                                                                                                                                         |                                                                        |                                    |                                                           |                                   |

Filing Fee: \$25.00