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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC		red Plate LLC		
SUBJEC	·	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		April Pearson		
			Name of Person	
		The Gathered Plate LLC		
		·	Firm/Company	
		9173 Tara Cir		
			Address	
		Milton, FL 32583		
		_	City/State and Zip Code	
		thegatheredplate@gmail.co		
		E-mail address: (	to be used for future annual report not	tification)
For furthe	er information c	oncerning this matter, please c	all:	
April Pea	rson		850 217-8441	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for tl	he following amount:		
<b>■ \$</b> 25.0	0 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 Addres		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Gathered Plate 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 <sup>08/22/2024</sup> and assigned Florida document number L24000368513 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: April Pearson Name of New Registered Agent: 9173 Tara Cir New Registered Office Address: Enter Florida street address \_, Florida 32583
Zip Code Milton

## 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If atmending 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
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			□Remove
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Filing Fee: \$25.00