L140000 92508

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialistic Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Signature backs





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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 19, 2019

BLIND GOAT NIGHTLIFE GROUP, LLC C/O FOREFRONT VENTURES LLC 4106 W CLEVELAND ST TAMPA, FL 33609

SUBJECT: BLIND GOAT NIGHTLIFE GROUP LLC

Ref. Number: L14000092508

We have received your document for BLIND GOAT NIGHTLIFE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 519A00005447

ECEIVED α

	ARTICLES OF AMENDMENT
	TO
•	ARTICLES OF ORGANIZATION OF
Blind Goat Nightlife Grou	ap, LLC
(Name o	the Limited Liability Company as it now appears on our rec

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L14000092508	were filed on	• *
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	FOREFRONT	VENTURES, LCC
(Principal office address MUST BE A STREET ADDRESS)	4106 W TAMPA	VENTURES, LCC CLEVELAND ST FC 33609
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	
	Enter Florida street	
	City	, Florida 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>	Name Forefront Ventures, LLC	Address 4106 W. Cleveland St	Type of Action
MGR		Tampa, FL 33609	Add
			□ Remove
			□ Change
<u>m6R</u>	Konstantinos Trumbur		
			∠ Remove
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			☐ Remove
			□ Change

Note	tive date, if other than the date of filing:
the report	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	3-27-14
Date	
Date	AA -
Date	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00