L16000145734

(Reque	estor's Name)
(Addre	ss)
(Addre	ss)
(City/Si	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docun	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	ng Officer:
	J. HORNE
	JAN 1 1 2023

Office Use Only



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12/18/23--01039--007 **60.00



COVER LETTER

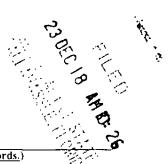
TO: Registration Se Division of Cor			
	ict Network Office LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	April Shockey	,	
		Name of Person	
	Southern Wealth		
		Firm/Company	
	2450 Tim Gamble Place, F	irst Floor	
		Address	
	Tallahassee, FL 32308		
		City/State and Zip Code	
	april.shockey@nm.com	to be used for future annual report notific	eation)
For further information of	concerning this matter, please ec		,
April Shockey		850 513-3302	
Name o	of Person	at {) Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	*.
Registration Division of (Registration Sect Division of Corp	
P.O. Box 63:		The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BDG District Network Office, 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 August 8, 2016	and assigned
Florida document number L16000145734	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: GOAT Mindset, LLC	
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 na agent and/or the new registered office address here: Name of New Registered Agent:	nme of the new registered
agent and/or the new registered office address here: Name of New Registered Agent:	nme of the new registered
agent and/or the new registered office address here:	nme of the new registered
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	ame of the new registered
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	

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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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Page 2 of 3

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