# LI7000 227191

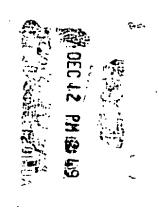
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Special Instructions to	Filing Officer:	

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#### COVER LETTER

ro:	Registration Section
	Division of Corporations

Goathletics LLC

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:

	Bradley Peterson				
	Name of Person				
	GoatArmy				
	····	Firm/Company			
	717 NE 4th Ct				
		Address			
	Hallandale, FL 33009				
	arcilajulian1023@gmail.co	City/State and Zip Code	<del>-</del>		
	E-mail address: (	to be used for future annual re-	ort notification)		
For further information of	concerning this matter, please c	all:			
Bradley Peterson		954 740 (	274		
Name of Person		at () Area Code	Daytime Telephone Number	hone Number	
Enclosed is a check for the	he following amount:				
□ \$25 00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Stat  Certified Copy (additional copy is en		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	<del>*************************************</del>
The Articles of Organization for this Limited Liability Completion of Complete L17000227191	pany were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
GoatArmy LLC		
he new name must be distinguishable and contain the words "Limited in	Liability Company, the designation "LLC" or to	he abbreviation "L.L.C.
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
		8
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Tree.
		7 7 4 4 4
		42 Y
. If amending the registered agent and/or registere	d office address on our records, en	
egistered agent and/or the new registered office address	here:	or the little of the
Name of New Registered Agent:		
Many Payintaged Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code

### New Registered Agent's Signature, if changing Registered Agent:

Goathletics LLC

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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

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Filing Fee: \$25.00