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COVER LETTER

DIN	usion of Cor	porations		
CHDHEAT.		NG GOAT FOOD TRUCK, L	LC	
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		William R. Young, III		
		WANDERING GOAT FOOL	Name of Person D TRUCK, LLC	
		PO Box 471503	Firm/Company	<u></u>
		Lake Monroe, FL 32747	Address	
		mariayoung953@aol.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report not	itication)
For further in	nformation co	oncerning this matter, please ca	dl:	
William R.			at () 221-0747 at ()Daytin	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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 ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WANDERING GOAT EATERY AND PROVISION 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	y were filed on 12/21/2018	and assigned
Florida document number L18000292118		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
WANDERING GOAT FOOD TRUCK, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	r. 2
	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	eperformance of my duties, and provided for in Chapter 605, F	d Lam familiar with and S.S. Or, if this document is

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 addor removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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

(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 5 2019
	Signatury of a member or authorized representative of a member
	William R. Young, III
	Turned or printed name of signer

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Filing Fee: \$25.00