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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	GAATMUSIC	1-1-6-	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexa	inder Koslof- Name of Person	<u> </u>
	Division of Corporations T:		
	3105 NE	184+ ST, UNIT	7305
	NORTH	MIAMI, FL 33 City/State and Zip Code	160
	E-mail address: (1	2 Societygoat. Co be used for future annulal report notific	CCY
For further information c			
A 1 ->4		WELL 216.20	274
Name o	f Person	at (757) 517 & Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☎ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
			ion
Division of C	Corporations	Division of Corp	
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	osic LLC	,	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appea Limited Liability Company)	ers on our records.)	5
The Articles of Organization for this Limited Liability C		27/2019	and assigned
Florida document number <u>L 190600579</u>	10		ู้อัง
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company l	<u>iere</u> :	
Sasha Goa	+ LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)		
			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> .	
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our	records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	12	orida street address	
	Enter Fi		
	City	, Florida	Zip Code
	Chy		Lip Couc

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

- 711714	manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			[]Change
			🖽 🗆 Add
			□Remove
			[IChange
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	a delayed effe	ctive date.	, but not an eff	ective time, at 12	:01 a.m. on the earlie	er of: (b) The	Oth day after the
s filed.							
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