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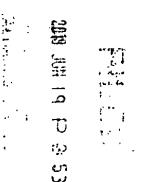
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COVER LETTER

Division of Co.	rporations		
	N THE GO LLC	·	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	DAVID P KAATZ		
	FLORIDA TAX CORPOR	Name of Person	
	2003 W CYPRESS CREE	Firm/Company K RD #102	
	FT LAUDERDALE FL 33	Address	
	DAVID@BTBLINE.COM	City/State and Zip Code to be used for future annual report notif	
For further information o	e-mail address: (·	ication)
DAVID P KAATZ		954 735-7178	
Name o	f Person		: Telephone Number
Enclosed is a check for the	he following amount:		
S25,00 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)
***	ING ABBBEE	STREET/COLINI	rn abburce.

MAILING ADDRESS:

Registration Section

TO:

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

VEGAN ON THE GO 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 Liab	pility Company were filed on APRIL	12, 2019 259 357 19 17 18 5 and assigne
Florida document number L19000101462	·	en de la companya de La companya de la co
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or		r records, enter the name of th
registered agent and/or the new registered office	• •	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida s	treet address
	City	, Florida Zip Code
	Ciņ	Lip Come

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 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 wheing 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

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	TIFFANY J WILLIAMS	4401 NW 41 ST LAUDERDALE LAKES FL	
			■ Remove
MGR	SIRENA M GREEN	2730 NW 23 ST FORT LAUDERDALE FL 33311	Add
			■ Remove
			Change
			Add
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	nust be specific and cannot be prior to date block does not meet the applicable st	(optional) of filing or more than 90 days after filing.) Pursuant tatutory filing requirements, this date will not b	
he record specifies a delay The 90th day after the r		effective time, at 12:01 a.m. on the ϵ	arlier o
Dated JUNE 13	2019		
		. '-	_
	Signature of a member or authorized r	representative of a member	
TARVARUS A OSB	ORNE		
	Typed or printed name	e of signee	_

Page 3 of 3

Filing Fee: \$25.00