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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	larvapu	s Osbane	
		Name of Person	
	5552 Nu	Firm/Company	
	500000 b	antondo Porco Ple	TPSE.
	Toit Laucke	club Address 33	309
	Corrected	City/State and Zip Code We gan OTCO.	Com
	E-mail address: (to be used for future annual report notif	
For further information of	concerning this matter, please ca	all:	
Tov vavus D	Stoor C	at (954) 225 Area Code Daytime	0363 Se Telephone 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 enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

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 Liability Company were filed on Florida document number L 190001014122 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Chagnor Walters	8701 Cypress Walk C	To Add
		Tamarac, 71, 33321	Remove
			Change
AMBR	Alax Chilsholm	1514 NW 183Rd 7	<i>-</i> <u>Ø[ℓ</u> □ Add
		pombroke Pines, 70	33029 12 Remove
			Change
			Add
			Remove
			Change
			O Add
			C Remove
			Change
			□ Add
			🗆 Remove
			Change
			Add
			Remove
			Change

	
E. Effect	tive date, if other than the date of filing: 200 (optional) Excive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3Vb)
Note:	Fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	05/04/2020
	Signature of a member or authorized representative of a member
	Signature the memori of audionized representative of a memori
	Tarvarus Osborna
	Typed or printed name of signee

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Filing Fee: \$25.00