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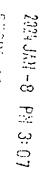
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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Cover. Letter

Prono# (352) 931-7383

Return Address:

24300 Weldon Drive

Eustis, FL 32736

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: GO	AT Manage Name of Lin	ment Group (Enterprises LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Johann	Name of Person	lor
	GOAT MC	inagenest (Brupenterphies Ll
	04300 M	ICIDON DY Address	IVE BE IN
	Eustis T info@ac	City/State and Zip Code Outmae. COX to be used for futury annual report noti	O
For further information ed	oncerning this matter, please c	all:	
Johonna Name of		at (<u>352)</u> 931 Area Code Daytim	-7383 e Telephone Number
Enclosed is a check for th	e following amount:		
1 \$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		Street Address	

.

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 12100014374 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 "L.L.C." 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 Office Address: _, Florida __ City

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00