## L21000207907

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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

NECEIVED

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(1)

August 4, 2021

GILBERTO J DE JESUS CASAS 241 MERLIN ST HAINES CITY, FL 33844

SUBJECT: THE BURGER G.O.A.T LLC

Ref. Number: L21000207907

We have received your document for THE BURGER G.O.A.T LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 621A00018349

## **COVER LETTER**

TO: Registration Sec Division of Corp				
	ER G.O.A.T. LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	GILBERTO J DE JESUS C	:ASAS		
	· · · · · · · · · · · · · · · · · · ·	, Name of Person		
	FORTUNE FORMULA LI	.c ·		
		Firm/Company		
	241 MERLIN ST			
		Address	<del></del>	
	HAINES CITY, FL 33844			
	CORTUNEEODMIN ALLO	City/State and Zip Code		
	FORTUNEFORMULALLO E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please of	all:		
GILBERTO J DE JESU	S CASAS	787 647-6768		
Name (	of Person	at () Area Code Daytin	ne Telephone Number	
				CD
Enclosed is a check for t	_	_	☐ \$60.00 Filing Fee.	•
■ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stating & Certified Copy (additional copy is epichaed)	
			II: 2u	J
<u>Mailing Addre</u> Registration		Street Address: Registration Se		٠,
<ul> <li>Division of OP.O. Box 63:</li> </ul>	Comorations 27	Division of Co The Centre of	rporations l'allahassee	
Tallahassee,	FL 32314	Tallahassee, Fl	be Street, Suite 810 L 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Lin	(A Florida Limited L	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on FLORIDA	and ass	igned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	e words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if app	licable:			
(Principal office address MUST BE A STREET ADDRESS)		241 MERLIN ST HAINES CITY, FL 33844		
Enter new mailing address, if applicable:	e nov	241 MERLIN ST		
(Mailing address MAY BE A POST OFFICE BOX)		HAINES CITY, US 33844		
B. If amending the registered agent and/o agent and/or the new registered office add	<del>-</del>	address on our records, <u>enter the na</u>	me of the ne	w registere
Name of New Registered Agent:	GILBERTO I	DE JESUS CASAS	دی	••
New Registered Office Address:	241 MERLIN		Ø.	
		Enter Floridu str <del>eet</del> address	<i>\(\Delta\)</i>	117
	HAINES	, Florida _		
		City:	Z Code	

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 tittle, name and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	MUNCHIES BORICUA COMPANY	3473 Halsway Dr	☐ Add
		Orlando, FL 32824	<b>☆</b> Remove
			☐ Change



If amending any other information, enter change(s) here: (Attach additional sheets, if necessar		
		<del></del>
	,_ <u>,</u>	<del></del>
	· .	<u>GD</u>
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	Ov Onal)	7
F. Effective date, if other than the date of tiling.  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after than effective date is listed.	filing ) ĝinsua s date will no	ni tổ 605,0207 (3)() c bế liệted as the
document's effective date on the Department of		. •
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: () record is filed.	5) The 90th	day after the
Dated July 15, 2021		
Signature of a number or authorized representative of a member		