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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

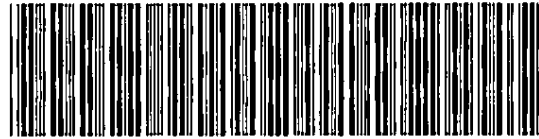
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\*ALSO MEMBER OF NEW JERSEY BAR

October 19, 2021

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

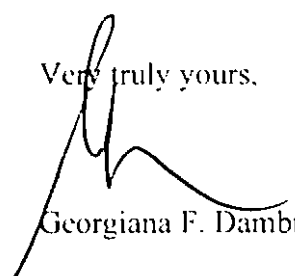
RE: Go Wild Farm, LLC

Dear Madam or Sir:

Enclosed please find the completed Articles of Amendment to Articles of Organization of Go Wild Farm, LLC and a check in the amount of \$25.00.

Should you have any questions, please do not hesitate to contact my office.

Very truly yours,



Georgiana F. Dambra

GFD/lmj  
Enclosures

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Go Wild Farm, 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 09/27/2021 and assigned Florida document number L21000423955.

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:

JOHN GNIP

New Registered Office Address:

301 174<sup>th</sup> St Apt 1015

Enter Florida street address

Sunny Isles

City

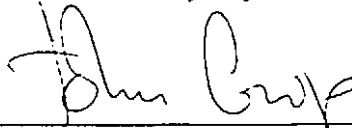
Florida

33160

Zip Code

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 19, 2021.

Johann Gump

Typed or printed name of signee

**Filing Fee: \$25.00**