L24000137364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

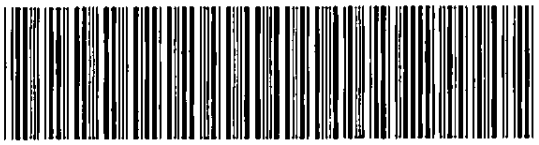
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LLC Amendment

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

AB
8/25/25

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Lost Wild & Free LLC
Name of Limited Liability Company

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2025 JUL -1 AM 3:14
SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Goehring
Name of Person

Lost Wild & Free LLC
Firm/Company

11260 Ranch Creek Ter, Apt 309, Bradenton, FL 34211
Address

Bradenton, FL, 34211
City/State and Zip Code

lostwildandfree@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Goehring at (941) 447-[redacted]9337
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

Lost Wild & Free LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2025 JUL -1 AM 3:14

The Articles of Organization for this Limited Liability Company were filed on 03/20/2024 and assigned TALLAHASSEE, FL
Florida document number L24000137304.

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)

11260 Ranch Creek Ter, Apt 309
Bradenton, FL 34211

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11260 Ranch Creek Ter, Apt 309
Bradenton, FL 34211

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: _____
Enter Florida street address

_____, **Florida** _____
City *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

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

Title	Name	Address	Type of Action
MGR and Owner	Sarah Kate Goehring	11260 Ranch Creek Ter APT 309 Bradenton FL 34211	☑ Add
		_____	☐ Remove
		Changed my last name	☑ Change (or)
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Sarah Kate Goehring is Sarah Kate Reeves. I got married and changed my last name. Filing this form to update that and also my new address (Business address & mailing). I will include a copy of my marriage certificate and new drivers license reflecting my new name.

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 05/01/2025 **(optional)**

(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 filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____.

Sarah Reeves / Sarah Goehring
Signature of a member or authorized representative of a member

Sarah Reeves / Sarah Goehring
Typed or printed name of signee

Filing Fee: $25.00

Department of Health-Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IS UPPER CASE
USE BLACK INK
This license not valid unless seal of Clerk, Circuit or County court appears thereon.

(STATE FILE NUMBER)

FILED
2025 JUL -1 AM 3:14
SECRETARY OF STATE
TALLAHASSEE, FL

2025ML000156
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last)	1b. MAIDEN SURNAME (If Applicable)	2. DATE OF BIRTH (Month, Day, Year)
TRONN JORDAN GOEHRING		12/09/1999
3a. RESIDENCE - CITY, TOWN, OR LOCATION / **3b. COUNTY**	**3c. STATE**	**4. BIRTHPLACE (State or Foreign Country)**
BRADENTON / MANATEE	FLORIDA	FLORIDA
5a. NAME OF SPOUSE (First, Middle, Last)	**5b. MAIDEN SURNAME (If Applicable)**	**6. DATE OF BIRTH (Month, Day, Year)**
SARAH KATE REEVES	-	10/20/1993
7a. RESIDENCE - CITY, TOWN, OR LOCATION / **7b. COUNTY**	**7c. STATE**	**8. BIRTHPLACE (State or Foreign Country)**
BRADENTON / MANATEE	FLORIDA	MARYLAND

WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▶	01/22/2025
11. TITLE OF OFFICIAL: DEPUTY CLERK Emeli Diaz Reyes	12. SIGNATURE OF OFFICIAL (Use black ink) ▶ Emeli Diaz-Reyes
13. SIGNATURE OF SPOUSE (Sign full name using black ink) ▶	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 01/22/2025
15. TITLE OF OFFICIAL: DEPUTY CLERK Emeli Diaz Reyes	16. SIGNATURE OF OFFICIAL (Use black ink) ▶ Emeli Diaz-Reyes

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THIS MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	19. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
MANATEE	01/22/2025	01/25/2025	03/23/2025

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
▶ Angelina M Colonneso	CLERK OF CIRCUIT COURT	Emeli Diaz Reyes

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
02/01/25	Palmetto, FL

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
▶	319 33rd Str. W
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Alex Light / Minister	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶ Ed Bony
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶ Cleny Pierre

SEAL

DH Form 743, 01/2015, Florida Administrative Code Rule 64V-1.020 (Obsoletes Previous Editions)

STATE OF FLORIDA, COUNTY OF MANATEE
This is to certify that the foregoing is a true and correct copy of the document on file in my office.
☒ No redactions ☐ Redacted pursuant to law
☒ Full Document ☐ Page___ of_____ .
☒ Not LOA ☐ Letter of administration is in full force and effect.
Witness my hand and official seal dated 7-1-2025
MANATEE COUNTY CLERK OF COURT
BY:_____
Deputy Clerk