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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPORA	TION: Goat	Innovation	s Inc
DOCUMENT NUMBE		0007332	7
The enclosed Articles of	'Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
_		Name of Contact Person	
		Firm/ Company	
_	<u> </u>	Address	
_		City/ State and Zip Code	
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)
Name of	Contact Person	at (at Co)de & Daytime Telephone Number
	the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment

to
Articles of Incorporation

of .	100
Goat Innovations	; INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 1900007333	77 <u> </u>
(Document Number of	'Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>E</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word 3331 Deev Creek Alba Way Deev Field Beach, FL 33442
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3331 Deer Creek Alba Way Deerfield Beach, FL 33442
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida stro	
New Registered Office Address:	Florida E C
	(City) 72ip Code?
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar s	: with and accept the obligations of the position.
Signature of New R.	egistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Alike Jones V as Remove, and Sally Smith, SV as an Add

ntikė Jones, y as Kemoi E	v. ana sauy sma	n, s) us an riaa	
Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name •	<u>Addres</u> s
1) Change	DIR	John Di Roberto	2419 Bimini Lane
Add			Ft landerdale FL
<u> </u>	_	4	33312
2) Change	DP	Laus Morici	1261 SW 4HL ST Boca Foton FL 33486
X_Add			<u> </u>
Remove 3) Change	.		
Add			
Remove			
4) Change			
Add			1.1.35 1.1.35 1.1.35 1.1.35
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

ũ.	If amending or adding additional a	<u> Articles, enter change(s) here:</u>

(Attach additional sheets, if necessary). (Be specific)

<u>. </u>				
		1741 0135	20	
		1385 THV 1	JAN 13	
F. If an amendment provides for an exchang provisions for implementing the amendment (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:	C STAIR	AM 9: 09	m O
		-⊕	<u></u>	
			· · · · · ·	
	-			
The date of each amendment(s) adoption:	Page 3 of 4 11/14/2019		. if other	than th
date this document was signed.		-		141
Effective date if applicable:	(no more than 90 days after amendment file date)	·	_	

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.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)		
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent		
"The number of votes ca	st for the amendment(s) was/were sufficient for approval			
bv	"			
	(voting group)			
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler		
action was not required. Dated	dopted by the incorporators without shareholder action and shareholder 4/2020			
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary) Piwal Elimke (Typed or printed name of person signing)	SECRETAR TALL AHASS	20 JAN 13	<u>+</u>
	(Typed or printed name of person signing) Director	. F. F. C. S. C. S	AM 9:	ED
	(Title of person signing)	<u> </u>	<u> </u>	_
		(1)	·D	