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GMDAMBRA@AOLCOM
*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 WIIG 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 <u>L21000423955</u> .
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
Rame of New Registered Agents.
New Registered Office Address: 501 (17 8t 40)
Tolan 311 of 311 of
Sunny IS (e), Florida 3HOU Zin 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 Chapting Paristand Agent Signature of New Rogistered Agent
it i nonding Magriffed Agent Nightiure at 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 Type of Action Title Name Address _____ □Add _____ □Remove _____ □ Change _____ □Remove □ Change □Add _____ □Remove _____ Change _____ DAdd ☐ Change _____ □Add

☐ Remove

____ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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<u>Note:</u> I	re date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	John Carp
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00