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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2023 HAY 22 PH 5: 10

7 7/18/2023

## **COVER LETTER**

|                      | gistration Se<br>vision of Cor |  |   |  |  |
|----------------------|--------------------------------|--|---|--|--|
| SUBJECT:             | Go Wild Fa                     | ırm LLC                                      |   |  |  |
| SUBJECT:             |                                | Name of Lin                                  | ited Liability Company  | <del></del>  |  |
| The enclose          | d Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |
| Please retur         | n all correspo                 | ondence concerning this matter               | to the following:   |  |  |
|                      |                                | Elena Korol                                  |   |  |  |
|                      |                                | ······································       | Name of Person  |  |  |
|                      |                                | Go Wild Farm LLC DBA                         | Classical Management  |  |  |
|                      |                                |  | Firm/Company  | <del></del>  |  |
|                      |                                | 1320 SE Federal Hwy Ste                      | 201   |  |  |
|                      |                                |  | Address   | 41 ****  |  |
|                      |                                | Stuart, FL 34994                             |   |  |  |
|                      |                                |  | City/State and Zip Code   | · · · · · · · · · · · · · · · · · · ·  |  |
|                      |                                | classicalmanagement360@p                     | =   |  |  |
|                      |                                | E-mail address: (                            | to be used for future annual report no                                    | tification)  |  |
| For further i        | nformation c                   | oncerning this matter, please c              | all:  |  |  |
| Elena Korol          | I                              |  | 786 9719746   |  |  |
|                      | Name o                         | f Person                                     | Area Code Daytii  | ne Telephone Number  |  |
| Enclosed is          | a check for th                 | ne following amount:                         |   |  |  |
| <b>≡</b> \$25.00 1   | Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| <u> Ma</u>           | iling Addres                   | <u>s:</u>                                    | Street Address:   |  |  |
| Registration Section |                                |  | Registration Section  |  |  |
|                      | vision of C<br>D. Box 632      | orporations<br>7                             | Division of Co<br>The Centre of   | •  |  |
|                      | J. Box 032<br>Hahassee, I      |  |   | oe Street, Suite 810   |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

2023 HAY 22 PH 5: 10

Go Wild Farm LLC

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

|  | (A Florida Limit  | ed Liability Company)             | Teams.                               |
|--|-------------------|-----------------------------------|--------------------------------------|
| The Articles of Organization for this Limited  | Liability Compa   | my were filed on 09/27/2021       |                                      |
| Florida document number L21000423955   | ·                 |                                   |                                      |
| This amendment is submitted to amend the fo  | ollowing:         |                                   |                                      |
| A. If amending name, enter the new name  | of the limited li | ability company here:             |                                      |
| The new name must be distinguishable and contain the                                   | words "Limited Li | ability Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl   | icable:           | 1320 SE Federal HwySt             | e 201Stuart, FL 34994                |
| (Principal office address MUST BE A STRE   | ET ADDRESS)       |                                   |                                      |
|  |                   |                                   | -                                    |
| Enter new mailing address, if applicable:  |                   | 1320 SE Federal HwySte            | 201Stuart, FL 34994                  |
| (Mailing address MAY BE A POST OFFICE  | E BOX)            |                                   |                                      |
|  |                   |                                   |                                      |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered offic  | e address on our records,         | enter the name of the new registered |
| agent and/or the new registered office aggr  | ess nere:         |                                   |                                      |
| Name of New Registered Agent:  |                   |                                   |                                      |
| New Registered Office Address:   | 1320 SE Fede      | eral Hwy Ste 201                  |                                      |
|  | <u> </u>          | Enter Florida street              | address                              |
|  | Stuart            |                                   | , Florida <sup>34994</sup>           |
|  | ,                 |                                   | Florida <sup>34994</sup> Zip Code    |
| New Registered Agent's Signature, if changing  |                   |                                   |                                      |
| hereby accept the appointment as register  | ed agent and ac   | need to act in this capacity      | I further correcte comply with the   |

## 1

e 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:

| or remov | ed from our records: |  |  |
|----------|----------------------|--|--|
| MGR =    | Manager              |  |  |
| AMBR =   | Authorized Member    |  |  |

| <u>Title</u> | <u>Name</u> | Address     | Type of Action |
|--------------|-------------|-------------|----------------|
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| Effective date, if other than the date of filing:  (If an effective date, life other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prove to date of filing or more than 90 days after filing.) Pursuant to 605.0207.13  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.  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 ord is filed.  Dated  May, 17  2023  Signature Of a member or auditorized representative of a member  Elena Korol |                           |   |
|--|---------------------------|---|
| Effective date, if other than the date of filing:  |                           |   |
| Effective date, if other than the date of filing:  |                           |   |
| Effective date, if other than the date of filing:  |                           |   |
| Effective date, if other than the date of filing:  |                           |   |
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| Effective date, if other than the date of filing:  |                           |   |
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| he 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 ord is filed.  Dated May, 17  2023  Signature of a member or authorized representative of a member  | Note: If the date insert  | the date must be specific and cannot be prior to date of rining of more than 90 days after ming.) Pursuant to 002.0207 is led in this block does not meet the applicable statutory filing requirements, this date will not be listed as t |
| Dated May, 17  2023  Signature of a member or authorized representative of a member  |                           |   |
| Signature of a member or authorized representative of a member   |                           | ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| Signature of a member or authorized representative of a member   | May, 17                   | 2023  |
|  |                           | 5 Jupopo  |
| Flance Korol   |                           | Signature of a metaber or authorized representative of a member   |
|  | 101 same <b>1</b> 7 mag 2 |   |

Filing Fee: \$25.00