L09000000742

(Requestor's Name)				
(Addraga)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified CopiesCertificates of Status				

Special Instructions to Filing Officer:

A. LUNT

SEP - 2 2009

EXAMINER

Office Use Only



000159102270

09/01/09--01017--018 **25.00

ZOUS SEP - 1 PM 3: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIE

COVER LETTER

TO;	Registration S Division of Co				
SUBJECT: Twin Stars Racing Stables, LLC					
			ited Liability Company		
The end	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corres	condence concerning this matte	r to the following:		
			Aliyana Esparza Name of Person		
			rante of reason		
Twin Stars Racing Stables, LLC			5 23		
			Firm/Company	NECK 1998	*****
	13529 NW 82nd St Rd		2009 SEP - SECRETAR TALLAHAS) . ************************************	
	Address			SEI SEI	,
	Ocala FL 34482			PM 3: 38 OF STATE E. FLORID	רח כ
	City/State and Zip Code			ORIO	,
		alie	esparza81@yahoo.com	5	
For furt	her information	concerning this matter, please	(to be used for future annual report notificate call:	ion)	
	Ali	yana Esparza	at (352)	75384	
	Name	of Person	Area Code & Daytime To	elephone Number	
Enclose	ed 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Twin	Stars Racing Stables , LLC	
(Name of the Limited) (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on Jan 0742	.5 Th , 2009 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREE)	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE L	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered of		records, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter F	lorida street address
	City	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name <u>Address</u> MGRM Eduardo Esparza ✓ Add
☐ Remove 13529 NW 82nd St Rd Ocala Fl 34482 Alfonso Martinez MGRM 13529 NW 82nd St Rd ☐ Add √ Remove Ocala Ft 34482 Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Last name for Aliyana Martinez needs to be changed to Aliyana Esparza ..marria license is attached-08/31 2009 Dated_ Signature of a member or authorized representative of a member Aliyana Esparza Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00