

**L09000 108647**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

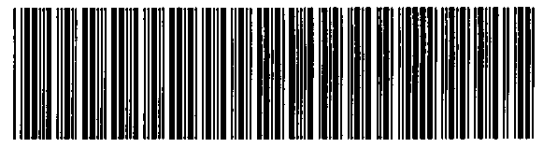
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**200208205912**

05/31/11--01005--020 \*\*25.00

**FILED**  
11 MAY 31 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
JUN 01 2011  
**EXAMINER**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SECRET DREAMS STABLE, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

FRED MILLER  
Name of Person

SECRET DREAMS STABLE, LLC  
Firm/Company

5060 N.W. 124<sup>th</sup> WAY  
Address

CORAL SPRINGS, FL. 33076  
City/State and Zip Code

SHEEPDOG7@AOL.COM  
E-mail address: (to be used for future annual report notification)

FILED  
11 MAY 31 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

FRED MILLER at 954 257-1721  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SECRET DREAMS STABLE, 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 11-12-09 and assigned Florida document number L09000108647.

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 end with 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: \_\_\_\_\_

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MIGEM	ADAMSKY, DOUGLAS	11441 NW 48 <sup>th</sup> CT. CORAL SPRINGS, FL, 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SEIDEL, MICHAEL	12274 NW 57 <sup>th</sup> ST. CORAL SPRINGS, FL, 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MIGEM	JACOBS, MATTHEW	6517 NW 104 <sup>th</sup> TERR PARKLAND, FL, 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MIGEM	JACOBS, IRENE	4400 NW 30 <sup>th</sup> ST. APT: 122 COCONUT CREEK, FL, 33066	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WEISLEE, RICHARD	6832 NW 102 <sup>ND</sup> LN. PARKLAND, FL, 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
 11 MAY 31 PM 4:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated MAY 27 2011

*Fred Miller*

Signature of a member or authorized representative of a member

FRED MILLER

Typed or printed name of signee

NEXT PAGE

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

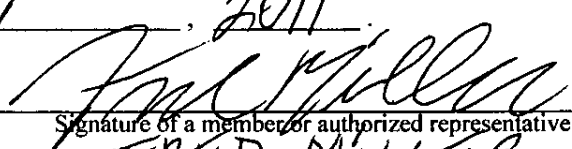
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SILVEIRA, DEBORAH	P. O. BOX 397 REDDICK, FL. 32686	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SORRENTINO, JOANNE	P. O. BOX 880073 BOCA RATON, FL. 33488	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BONCHICK, RICHARD	6976 NW 113 <sup>th</sup> AVE PARKLAND, FL. 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CZAJKOWSKI, ANTHONY	9622 NW 52 <sup>ND</sup> MANOR CORAL SPRINGS, FL. 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
 11 MAY 31 PM 4:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated MAY 27, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
FRED MILLER  
 \_\_\_\_\_  
 Typed or printed name of signee