

L11000134092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

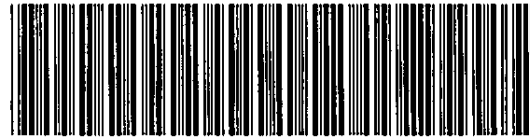
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200253556432

11/12/13--01025--014 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 DEC 18 PM 3:46

FILED

DEC 19 2013

CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2013

ANDREA HERLONG
4220 NEW BROAD ST. #305
ORLANDO, FL 32814

SUBJECT: RT EQUUS, LLC
Ref. Number: L11000134092

We have received your document for RT EQUUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 313A00027561

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 DEC 18 PM 3:46

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2013

ANDREA HERLONG
4220 NEW BROAD ST #305
ORLANDO, FL 32814

SUBJECT: RT EQUUS, LLC
Ref. Number: L11000134092

We have received your document for RT EQUUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 713A00026597

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 DEC 18 PM 3:46

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RT Equis, LLC
Name of Limited Liability Company *old name*

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

Please return all correspondence concerning this matter to the following:

Andrea Herlong
Name of Person

North Equis, LLC
Firm/Company

4220 New Broad St. #305
Address

Orlando, FL, 32814
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Herlong at (404) 295-6026
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

STATE ARCHIVE OF FLORIDA
 TALLAHASSEE, FL 32301
 2018 DEC 18 PM 3:48
 FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RT Equus, LLC

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

old name

The Articles of Organization for this Limited Liability Company were filed on 11.17.11 and assigned Florida document number L011000134092.

This amendment is submitted to amend the following:

A. If amending name, enter the "new" name of the limited liability company here: *new name*

North Equus, LLC

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)

2018 DEC 18 PM 3:46
FILED
CLERK OF STATE
TALLAHASSEE FLORIDA

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:

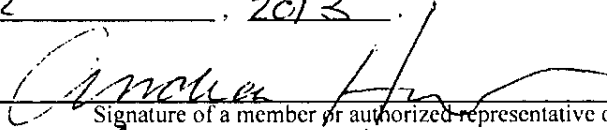
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED
 2009 DEC 8 PM 3:46
 CLERK OF SUPERIOR COURT
 ALACHUA COUNTY, FLORIDA

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

Dated 12-12, 2013



Signature of a member or authorized representative of a member

Andrea Herlong

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 DEC 18 PM 3:46
CLERK OF STATE
TALLAHASSEE FLORIDA