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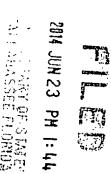
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COVER LETTER

TO: Registration Section
Division of Corporations

_{rect.} Tessa Skaggs Equine Therapy, 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:

Tessa Skaggs

Name of Person

T & T Equine Therapy, LLC

Firm/Company

1403 MAYO ST

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

tessaskaggs@msn.com

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

For further information concerning this matter, please call:

Tessa Skaggs

....502\338-51

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**

Tessa Skaggs Equine Therapy LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000091800</u> .	were filed on June 02, 201	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
T & T Equine Therapy, LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC	O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1403 Mayo St	
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FI 33020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres:	S
	Flo	orida
	City	Orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager . uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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	Page 2	of 3	PH : 44

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Effective date, if other than the date. The effective date must be specific, cannot be the date this document is filed by the Florida.	prior to date of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be the date this document is filed by the Florida	prior to date of receipt or filed date and cannot be more than 90 days after
Dated	prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

2014 JUN 23 PM 1:45