

3/10/22, 4:00 PM

Division of Corporations

Florida Department of State  
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L21000163355

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 C & K HORSEING AROUND AND TRAINING LLC**

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2022 MAR 11 AM 10:07

The Office of  
 the Secretary of State  
 Tallahassee, Florida

2022 MAR 11 PM 3:27

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & K HORSEING AROUND AND TRAINING 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 04/08/2021 and assigned Florida document number L21000163355

This amendment is submitted to amend the following:

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

Stormy S Stables LLC

The new name must be distinguishable and contain 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

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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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KENNETH R WADE		<input type="checkbox"/> Add
		465 SAN MATEO RD. SAN MATEO, FL 32187	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Teodora Catana		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		465 San Mateo Road San Mateo, Florida 32187	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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