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D. SCOTT FEB 2 4 2017

Corrected, +.
COVER LETTER
TO: Registration Section Off: Jenna Harris Division of Corporations Off: Jenna Harris Jenna Harris
SUBJECT: Route 66 Stables Come, 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:
Reduced w. Hewley Name of Person Name of Person
Firm/Company
Po Box +873 Address
Clear water FL 33758 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number The Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status 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 ARTICLES OF ORGANIZATION **OF**

Route 66 Stables	com LLC
(<u>Name of the Limited Liability Comba</u> (A Florida Limited	nny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 0000 774 25</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab 1227 Sunset Point L The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company Com	ollity company here:
Enter new principal offices address, if applicable:	1227 Sunset Point Rd
(Principal office address MUST BE A STREET ADDRESS)	Clearwater FL 33755
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 4873 Clearwooder FC 33758
registered agent and/or the new registered office address her	_ (
Name of New Registered Agent:	environ III Management
New Registered Office Address:	Enter Florida street address
	City, Florida 33759 Zip Code
New Registered Agent's Signature if changing Pogistered 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage	, enter the title.	name, and	address of eac	h person	being added
or removed from our records:				_	

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** 2451 Mc Miller Book Rd Site Chenrydon Fr 200 MAdd 37759 □ Change _□ Add □ Remove ☐ Change _□ Add ☐ Remove Change _□ Add ☐ Remove ☐ Change Remove ☐ Change □ Add ☐ Remove ☐ Change

						
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Filing Fee: \$25.00

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