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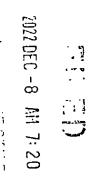
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COVER LETTER

TO: Amendment Section-

Division of Corporations NAME OF CORPORATION: 0452 HORSE COUNTRY INC. DOCUMENT NUMBER: P22000083358 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ivette H. Leon, Esq. Name of Contact Person Ivette H. Leon, P.A. Firm/ Company 13687 SW 26 Street Address Miami, Florida 33175 City/ State and Zip Code ivette@ihllaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 447-1020 Area Code & Daytime Telephone Number Ivette H. Leon Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

0452 HORSE COUNTRY INC.	2022 DEC -8 AH 7: 21
(Name of Corporation	as currently filed with the Florida Dept. of State)
P22000083358	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida St its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
452 HORSE COUNTRY INC.	The new
name must be distinguishable and contain the word "corp" "Inc.," or Co" or the designation "Corp," "Inc," o "chartered." "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
No. Builton of Office Address.	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			·
Add			
Remove 3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			- <u>-</u>
6) Change			
Add			
Remove			

f amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exc	hange, reclassification	on, or cancellation	of issued shares.	
provisions for implementing the am (if not applicable, indicate N/A)	<u>iendment if not conta</u>	ined in the amendi	nent itseir:	
	· · ·			
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<del>-</del>				
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file o	1
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sh	areholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the flicient for approval.	e amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The foliceach voting group entitled to vote separately on the amend	lowing statement dment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	200 en	
	rector, president or other officer – if directors or officers h l, by an incorporator – if in the hands of a receiver, trustee	
	ed fiduciary by that fiduciary)	
	Pedw Advoca (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	