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(R	equestor's Name)	
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SECRETARY OF STATE

D. BRUCE

APR 11 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: EQUINO	OX LLC	nited Liability Company)			
	(Name of Lin	med Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are su	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	David C. Gilmore, E.	SQ. (Name of Person)	 		
		(Name of Ferson)			
	LAW OFFICES OF I	OAVID C. GILMORE (Firm/Company)			
		(гин сотрану)	7		
	7620 Massachusetts	s Avenue		03.2 7.80	421.111000
		(Address)	AH	APR II	1
	New Port Richey, Fl	L 34653	SS	15 20 -C	CONTRACT OF STREET
		(City/State and Zip Code)	ini	- <u> </u>	1 2
For further information	concerning this matter, please	eall:	SEE FLORID	PH 4: 23	()
			Ď.,	, ω	
David C. Gilmore (Name	; of Person)	at (727) 849 2296 (Area Code & Daytime	Telephone Number)		
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)	S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is		

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

(Name of the Limited Liab (A Flor		
(oility Company as it now appears on our reco ida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 10/28/02	and assigned
Florida document number <u>L02000028727</u>		SE SE
- 10.101 document hamon <u>-10.1000012.7.</u>	•	AR T
This are and as and is such as its also are and also Called in		
This amendment is submitted to amend the following	g:	\(\lambda\) > \(\lambda\) \(\lambda\) > \(\lambda\) \(\la
		re z m
A. If amending name, enter the new name of the	limited liability company here:	
		RA S
The new name must be distinguishable and end with the	words "Limited Liability Company," the design	nation "LLE" or the abbreviation
*L.L.C."		
B. If amending the registered agent and/or re		enter the name of the nev
registered agent and/or the new registered office a	address nere:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	(Enter Florida si	reet address)
	(Enter Florida si	rida
	·	
	, Flo	rida
	(City)	rida
New Registered Office Address: New Registered Agent's Signature, if changing Regist	(City) rered Agent:	rida(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age	, Flore (City) Sered Agent: ent and agree to act in this capacity. I furt	rida(Zip Code) There agree to comply with
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper	, Flor (City) ered Agent: ent and agree to act in this capacity. I furt r and complete performance of my duties,	rida(Zip Code) Ther agree to comply with and I am familiar with and
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist	(City) sered Agent: ent and agree to act in this capacity. I furt r and complete performance of my duties, d agent as provided for in Chapter 608, F tered office address, I hereby confirm that	rida(Zip Code) Ther agree to comply with and I am familiar with and S. Or, if this document is
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered	(City) sered Agent: ent and agree to act in this capacity. I furt r and complete performance of my duties, d agent as provided for in Chapter 608, F tered office address, I hereby confirm that	rida(Zip Code) Ther agree to comply with and I am familiar with and S. Or, if this document is
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist	(City) sered Agent: ent and agree to act in this capacity. I furt r and complete performance of my duties, d agent as provided for in Chapter 608, F tered office address, I hereby confirm that	rida(Zip Code) Ther agree to comply with and I am familiar with and S. Or, if this document is

(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

Title Name <u>Address</u> Type of Action MGR Kathleen A. Gilmore 7620 Massachusetts Avenue √ Add Remove New Port Richey, FL 34653 David C. Gilmore MGR 7620 Massachusetts Avenue New Port Richey, FL 34653 ☐ Add_\ Remove Remove 80 Remove Add [Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 8, 2008 Signature of a member or authorized representative of a member Kathleen A. Gilmore Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00