L04000057790

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Continued Consideration of Chapter
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900059654639

09/15/05--01021--004 **30.00

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOVSEFEATHERS EQUESTRIAN MOTEL 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:	
CHRIS OLGON (Name of Person)	
(Firm/Company)	
4952 SWRALMOND SHEFFIELD RD.	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (\$50) 838-2500 ext. (Area Code & Daytime Telephone Number)	つて
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building	

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOVSEPEATHERS EQUESTRIAN MOTEL LLC (Present Name)		-
	(A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 8 -04-2004 and assigned document number L0400057790		
SECOND:	This amendment is submitted to amend the following:		
CHANGE	NAME OF LLC to CIRCLE C FARM LC		
		_	
		_	
		95	BIVIS SE
		SEP	
		<u>5</u>	
		MII; 00	F ST
		90	TION TICK
		_	cn Cn
		_	
Dated	9/12/05		
	Kein R la		
	Signature of a member or authorized representative of a member		
	CHRIS OLSON		
	Typed or printed name of signee		