Division of Corporations

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Division of Corporations **Electronic Filing Cover Sheet**

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EXAMINER

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ARTICLES OF AMENDMENTO ARTICLES OF ORGANIZATION OF

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OCALA	HORSES, LLC	,	SECRETARY OF STAT	
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.) TA	LLAHASSEE, FLORI	
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/28/2004	and assigned	
Florida document number L04000078196	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company her	<u>.</u> <u>e</u> :		
ARINDI	EL FARMS, LLC			
The new name must be distinguishable and end with the word L.L.C."	ls "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	<u> </u>			
	·			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
	·			
B. If amending the registered agent and/or registe		our records, enter t	he name of the new	
registered agent and/or the new registered office addr	EZZ TICLE:			
37	•			
Name of New Registered Agent.				
New Registered Office Address:	•			
,	Ŀn	Enter Florida street address		
		, Florida		
	City		Zip Code	
	09		-	

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 608, 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

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IGR = Man IGRM = Ma	ager anaging Member		
<u>itle</u>	Name	Address	Type of Action
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<u>. </u>			AddRemove
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. If amendi	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if neo	cessary.)
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