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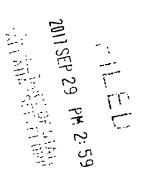
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K. SALY OCT -2 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Palm Beach Equine Sports Complex, 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:
Shelley Rentas
Palm Beach Equine Sports Complex
13/25 Southfields Rd.
Wellington, Fr 33414 City/State and Zip Code
Stentasoleguine Linic, Com E-mail address: (to be used fruture annual report notification)
For further information concerning this matter, please call:
Shelley Rentoes at (561) 793-1599 Name of Person at (561) Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{Certifie

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

2017 SEP 29 PM 2:59

Name of the Limited Liability Company as it now appears on out (A Florida Limited Liability Company) Florida document number <u>L 05000048.158</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___

New Registered Agent's Signature, if changing Registered 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	MELISSA BRUSIE	13125 SOUTHFIELDS RD	
		WELLINGTON, FL 33414	Remove
			Change
			Add
			□ Remove
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ume	ent's effective date on the Department of State's records.	
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ted	SEPTEMBER 26. 2017.	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00