

LS0000 92798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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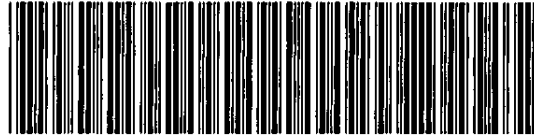
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lagniappe Bloodstock Management 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:

Dr Jonathan McLellan

(Name of Person)

(Firm/Company)

20990 NE HWY 27

(Address)

Williston FL 32696

(City/State and Zip Code)

For further information concerning this matter, please call:

jonathan mclellan

(Name of Person)

at (352) 528 0908

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lagniappe Bloodstock Management LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/14/05 and assigned
document number L05000092798.

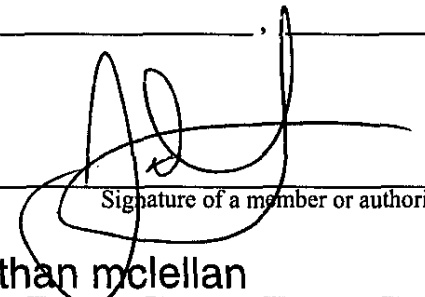
SECOND: This amendment is submitted to amend the following:

Please amend the name of this LLC to "Infield Equine LLC". It will no longer be called
"Lagniappe Bloodstock Management LLC". The registered agent remains the same
and the two managing members are Jonathan McLellan, and Sarah Plevin, as listed on
the annual return filed earlier this month.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 29 PM 12:34

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Dated 5/23/07



Signature of a member or authorized representative of a member

jonathan mclellan

Typed or printed name of signee

Filing Fee: \$25.00