L06000050726

(7)		 			
. (Re	equestor's Name)				
(Ac	(Address)				
. (Ac	ddress)				
(Ci	ty/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name)				
(, , , , , , , , , , , , , , , , , , ,				
(De	ocument Number)				
(2)	· · · · · · · · · · · · · · · · · · ·				
Certified Copies	Certificates of	Status			
· .					
Special Instructions to Filing Officer:					
,					
	•				

Office Use Only



100173427741

03/31/10--01019--003 **25.00

FILED

10 HAR 31 AM ID: 48
SECTION ARY OF STATE
SECTION ARY OF STATE

COVER LETTER

то:`	Registration Sec Division of Corp						
SUBJECT: BABCOCK FLORIDA QUARTER HORSES, LLC							
501151			ted Liability Company				
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
	LINDSAY G PEEPLES						
			Name of Person				
			Firm/Company				
		445	1 SW BOATRAMP AVE				
PALM CITY, FL 34990 City/State and Zip Code							
							ja
		E-mail address: (to be used for future annual report r	otification)			
For fur	ther information co	oncerning this matter, please of	ali:				
		horne-Shearer	at (772) Area Code & Day	971-5720			
	Name of	Person	Area Code & Day	time Telephone Number			
Enclose	ed is a check for th	e following amount:					
₹2 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 MAR 31 AM 10: 48

BABCOCK FLORIDA QUARTER HORSES, LALCAHASSEE, FLORIDA
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on May 16, 2006 and assigned		
Florida document numberL0600050726			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
FOX TRAIL F	FARM, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	4451 SW BOATRAMP AVE		
(Principal office address MUST BE A STREET ADDRESS)	PALM CITY, FL 34990		
	4454 DOATDAMD AVE		
Enter new mailing address, if applicable:	4451 BOATRAMP AVE		
(Mailing address MAY BE A POST OFFICE BOX)	PALM CITY, FL 34990		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
, <u> </u>	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			

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 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGKM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	- 10
			FILED 10 MAR 31 AM SECKETAKY OF TALLAHASSEE, F
_			AM 10: 48 OF STATE E, FLORIDA
Dated	Signature of a merrite	er or authorized representative of a member	. <u> </u>
		DSAY G PEEPLES	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00