

L0600000 86944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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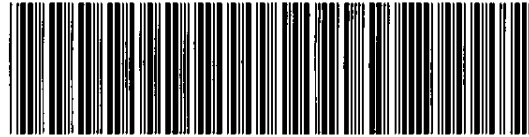
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 27 2011

EXAMINER

May 23, 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WHITE ROCK ROAD, 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:

SHAWNA R. HOLMES

Name of Person

MORRIS LAW GROUP

Firm/Company

7000 W. PALMETTO PARK ROAD, SUITE 205

Address

BOCA RATON, FL 33433

City/State and Zip Code

SHOLMES@LAW-MORRIS.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SHAWNA R. HOLMES

Name of Person

at ( 561 )

750-3850

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

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

**WHITE ROCK ROAD, LLC**

(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 SEPTEMBER 5, 2006 and assigned Florida document number L06000086944.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

J & G Racing Stables, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

MORRIS LAW GROUP

New Registered Office Address:

7000 W. PALMETTO PARK RD., STE 205

*Enter Florida street address*

BOCA RATON

, Florida

FL

*City*

*Zip Code*

**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. If, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWARD G. FRAZEE	2203 N. SURF RD. HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	A. JOYCE FRAZEE	2203 N. SURF RD. HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11 MAY 26 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated May 19, 2011.

Edward G. Frazee

Signature of a member or authorized representative of a member

EDWARD G. FRAZEE, MANAGER

Typed or printed name of signee