

LO7000101444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

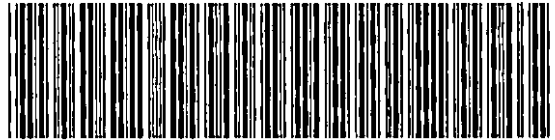
(Business Entity Name)

(Document Number)

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JAN 30 2016

✓ SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Circle S Horse Transport Services, 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:

Bobby Ray Waldrop

Name of Person

Firm/Company

Post Office Box 644

Address

Crawford, GA 30630

City/State and Zip Code

bobbywaldrop06@gmail.com

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

For further information concerning this matter, please call:

Bobby Ray Waldrop

706 202-0108
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Circle S Horse Transport Services, 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 October 5, 2007 and assigned
Florida document number L07000101444.

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)

1014 Athens Road
Crawford, GA 30630

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 644
Crawford, GA 30630

**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:

Bobby Ray Waldrop

New Registered Office Address:

4160 NW 120 St.

Enter Florida street address

Reddick

City

Florida

32686

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 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.

Bobby Ray Waldrop
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William E. Saylor, III	4660 NW 120th St	<input checked="" type="checkbox"/> Add
		Reddick FL 32686	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

18 JAN 29 PM 4:49
RECEIVED
BUREAU OF AIR
MAINTENANCE
FLORIDA

18 JAN 28 PM
RECEIVED
OFFICE OF
SULLIVANSEE. R

18 JAN 26 PM 2:49
OFFICE OF STATE
ATTORNEY, FLORIDA

(b) The 90th day after the record is filed.

Dated October 2, 2017.

Signature of a member or authorized representative of a member

W. E. Saylor
Typed or printed name of signee