

LO7000 111807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

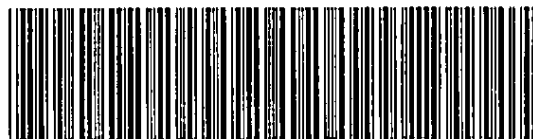
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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 FEB 21 AM 11:01

FILED

FEB 21 2020

S. YOUNG



2020 FEB 21 AM 1:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2020

STORI ATCHISON
DARK STAR THOROUGHBREDS
9131 NW 160TH AVENUE
MORRISTON, FL 32668

SUBJECT: DARK STAR THBDS LLC
Ref. Number: L07000111807

We have received your document for DARK STAR THBDS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

DARK STAR THOROUGHBREDS LLC - L20000032027

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 520A00002871

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARK STAR Thoroughbreds.
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:

Stori Atchison
Name of Person
DARK STAR Thoroughbreds
Firm/Company
9131 NW 160th Ave.
Address
MORRISTON FL 32668
City/State and Zip Code
stori.dawn@a hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stori Atchison at 330-592-9320
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DARK STAR ~~THHDS, LLC~~ ~~THHDS, 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 2007 and assigned
Florida document number L07000111807

This amendment is submitted to amend the following:

~~DARK STAR THHDS, LLC~~

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

~~DARK STAR THHDS, LLC~~

The new name must be distinguishable and contain 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)

9131 NW 160th AVE
MORRISTON FL 32668

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:

~~DARK STAR THHDS, LLC~~

New Registered Office Address:

Enter Florida street address

Florida

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 605, F.S. 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

FILED
2007 SEP 21 AM 11:11
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
THIRTEENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

[illegible]

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

[illegible]

E. Effective date, if other than the date of filing: Jan 1, 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Jan 6. 2020

Steven Atchison

Signature of a member or authorized representative of a member

Stori Atchison

Typed or printed name of signee

Filing Fee: \$25.00