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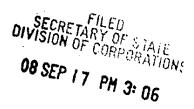
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:		ition Sect of Corpe						
SUBJE	СТ:			PAINTED PONI	ES STABLE, LLC			
				(Name of Lim	nited Liability Company	·)		
The encl	loséd Art	icles of A	mendmen	t and fee(s) are sub	omitted for filing.			
Please re	eturn all c	correspond	lence con	cerning this matter	to the following:			
	•			Gail E. Mur	aca, Paralegal (Name of Person)			
				Cohn Birnba	um & Shea P.C. (Firm/Company)			PIFASF
				100 Pearl S	treet - 12th F1	oor		PLEASE FICE 2 rd
					(Address)			2 nd
•				Hartford, C	Onnecticut 0610 (City/State and Zip Cod			
For furt	her inform	nation cor	ncerning tl	nis matter, please o	call:			
Mi	chael	F. Mul	peter,	Esq.	at (860) 4	93-2200		
		(Name of	Person)		(Area C	ode & Daytime T	elephone Numbe	er)
Enclose	d is a che	ck for the	following	amount:				
\$25.	00 Filing	Fee		Filing Fee & ificate of Status	□\$55.00 Filing Fee Certified Copy (additional copy		Certified	ite of Status &
		Registrat Division P.O. Box	G ADDR ion Section of Corport 6327 see, FL 32	n ations	Regist Divisio Cliftor 2661 E	ET/COURIER ration Section on of Corporation Building Executive Center assee, FL 32301	ons r Circle	·.

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



PAINTED PONTES STABLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Hone	a company)	
The Articles of Organization for this Limited Liability	/ Company were filed on	December 6, 2007 and assigned
Florida document number <u>L07000121221</u>	 ,	
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :
All Pla	y Racing I, LLC	
The new name must be distinguishable and end with the w"L.L.C."		any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on idress here:	our records, enter the name of the nev
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	(E	inter Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red 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 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:

	Name	Address	Type of Action
			Add Remove
			Add Remove
•			Add Remove
). If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
O. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
	September 3)

Page 2 of 2

Filing Fee: \$25.00