

LOT 000 121928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

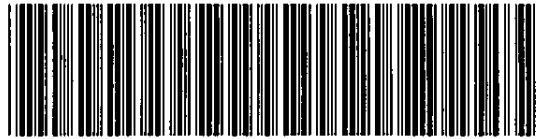
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOT-121928

Thomas FEB 14 2008

Thomas FEB 14 2008

Lucas N. Taylor, P.A.

ATTORNEY AT LAW

Post Office Box 1267

Bonifay, FL 32425

Telephone: (850) 547-7301

Facsimile: (850) 547-7303

January 30, 2008

To: Carmela King
410 Oklahoma Street
Bonifay, FL 32425

Re: LLC Name Change

Ms. King,

Please find enclosed the proper form that you need to mail to the Division of Corporations at the highlighted mailing address. Please review the form to make sure that the information contained on the form is correct. Also find enclosed your \$25.00 check that you will need to send along with the Amendment Form. Be sure to sign the bottom of page 2 before you mail to Tallahassee.

After you receive confirmation of the name change in the mail from Tallahassee you will need to send a copy of the amendment and a letter to the IRS: Attn: EIN Division Ogden, UT 84201 requesting the IRS to change the name associated with your current EIN to the amended name. Also, in the letter request that the IRS send you confirmation that the name has been changed. Feel free to call if you have any questions.

Sincerely,


Lucas N. Taylor

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Horses, Saddles and Trailers, 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:

Thresha Carmela King
(Name of Person)

Horses, Saddles, & Trailers Mercantile, LLC
(Firm/Company)

410 S. Oklahoma Street
(Address)

Bonifay, FL 32425
(City/State and Zip Code)

For further information concerning this matter, please call:

Thresha Carmela King at (850) 373-7124
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

Horses, Saddles and Trailers, 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 Dec. 7, 2007 and assigned
Florida document number L07000121928.

This amendment is submitted to amend the following:

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

Horses, Saddles, & Trailers Mercantile, LLC

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

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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida

(City)

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TALLAHASSEE, FLORIDA

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

2/08/08

Theresa Carmela King

Signature of a member or authorized representative of a member

Theresa Carmela King

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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