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#### **COVER LETTER**

Division of Corporations	•-
SUBJECT: Equestrian Ven	tures LLC
Name o	of Limited Liability Company
	•
The enclosed Articles of Amendment and fee(s) are	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
John F	R. Huggitt, ESQ. Name of Person
Law Of	fice of John R. Haggitt Firm/Company
300 Tu	Address
Clearmate	City/State and Zip Code
	OO @ aol. Com  Tress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
John R. Haggitt Name of Person	at (727) 461-3193 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
○ \$25.00 Filing Fee Solution State See See See See See See See See See S	Certified Copy (additional copy is enclosed)  S60.00 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

EQUESTRIAN VENTURES LLC

(Name of the Limited (A	Liability Company as it now Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liab		on <u>3/24/2008</u>	3 and assigned
This amendment is submitted to amend the follow	ing: Registered Ad	yent, Authorizes	L Persons
A. If amending name, enter the new name of the	ne limited liability compa	uny here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company,	" the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		<u>⊳3</u>
(Principal office address MUST BE A STREET ADDRESS)			ref
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office addre	STATE FLORIDA  ss on our records, ente	<u> </u>
Name of New Registered Agent:	John R. Hag	igitt Esq. "	·····
New Registered Office Address:	300 Turner	- Street er Florida street address	<del></del>
	Clearwater	, Florida _	33756

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Na me</u>	Address	Type of Action
MGR	The Estate of Carroll	180 Nina Way	XAdd
	C. Da Costa by Jessica Whitman Da Costa,	Oldsmar, FL 34677	☐ Remove
	Personal Representative		[] Change
MGR	Carroll Da Costa	180 Nina Way	
		Oldsmar, FL 34677	Remove
			[] Change
			Ü Add
			⊓ Remove
			[] Change
		,	[] Add
			C Remove
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		TO RETURN TO THE TABLE TO THE T	[] Remove
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		STATE	Remove
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n effective d ote: If the o	te is listed, the date must ate inserted in this blo fective date on the De	t be specific and cock does not me	cannot be prior to eet the applicab	date of filing or a ble statutory fili	nore than 90 da ng requiremen	ys after filing	.) Pursuant to 605.02
	pecifies a delayed day after the reco		ite, but not	an effective	time, at 12	2:01 a.m.	on the earlier
	/ /	na is mea.				268	e · · · · · · · · · · · · · · · · · · ·
	7/16			_ •	* **	蓝星	F- [ ************************************
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	((588)	Signature of a me	mber or authori	da C	osta-		M D
	(5.8%) ssica Whitman	Signature of a me	ember or authori	ized representativ	e of a member		<del>- 0</del>

Page 3 of 3

Filing Fee: \$25.00

I#: 2016028975 BK: 19069 PG: 1391, 02/01/2016 at 12:17 PM, RECORDING 1 BURKE, CLERK OF COURT AND COMPTROLLER PINELLAS COUNTY, FL BY DEPUTY CLERK: CLK101860

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Filing # 36379729 E-Filed 01/11/2016 11:41:22 AM

FILED: 2/1/2016 8:35:22 AM KEN BURKE, PINELLAS COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER

## IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT IN AND FOR PINELLAS COUNTY, FLORIDA PROBATE DIVISION

IN RE THE ESTATE OF:

CASE NO. 15-010436-ES

CARROLL C. DA COSTA,

UCN: 522015CP010436XXESXX

Deceased.

### LETTERS OF ADMINISTRATION (single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Carroll C. da Costa, a resident of Pinellas County, Florida, died on September 24, 2015, owning assets in the State of Florida, and

WHEREAS, Jessica Whitman da Costa has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Jessica Whitman da Costa duly qualified under the laws of the State of Florida to act as personal representative of the estate of Carroll C. da Costa, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on January 29, 2016

Linda R. Allan, Circuit Judge

STATE OF FLORIDA, PINELLAS COUNTY I hereby certify that the foregoing is a true photostatic copy as the same appears among the fles and records of this court and the same is in full force and effect.

his 10 day of MA-Y KEN BURKE Creat of Circuit Cour

Deputy Clerk