

LD8000046446

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2009 JUL 20 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 21 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: South Florida Equine Transportation, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Laka

Name of Person

Firm/Company

11904 Forest Hill Blvd., Pompano Beach, FL 33062

Address

Wellington, FL 33414

City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Beaumont, CPA

Name of Person

at (561) 737-7900

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

FL Dept of State

☐ \$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

850-245-6000

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

FILED

2009 JUL 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

South Florida Equine Transportation, 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 5/8/08 and assigned
Florida document number LO8000046441

This amendment is submitted to amend the following:

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

Wellington Horse Transport, LLC

The new name must be distinguishable and end with 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**)

4101 120th AVE SOUTH

LAKE WORTH, FL

33467

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

11924 Forest Hill Blvd,

~~Wellington~~, Suite 22-299

Wellington, FL 33414

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:

James Laha

New Registered Office Address:

11924 Forest Hill Blvd., ~~Wellington~~, Suite 22-299

Enter Florida street address

Wellington
City

Florida

33414
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 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.

[Signature]
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

Title	Name	Address	Type of Action
MGRM	Richard M. Faver, Inc.	15260 46th Lane South Wellington, FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Signature of a member or authorized representative of a member

James Laha
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA