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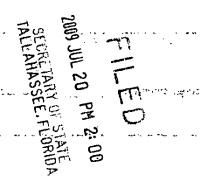
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C. LEWIS

JUL 2 1 2009

EXAMINER

COVER LETTER

TQ: Règistration Section Division of Corporations						
SUBJECT: South Florida Equine Transportation, 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:						
Tames Lala Name of Person						
Firm/Company						
11904 Forest Hill Blud., RAMENDARY MANAGED BOX						
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:						
Name of Person CPA at (Slot) 737 - 790 C Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy						

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

ARTICLES	OF				
	The second of th				
South Florida 8	Equine Transportation LLC				
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability C	Company were filed on S & and assigned				
Florida document number LOSCOCH 644(hama"				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
Wellington Horse Tra					
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	HOL 120th AUE SOUTH LAKE WORTH FL				
(Principal office address MUST BE A STREET ADDI	RESSI LAKE WORTH FL				
	32467				
Enter new mailing address, if applicable:	11924 Forest Hill Blvd,				
(Mailing address MAY BE A POST OFFICE BOX)	100 te 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:	924 Forest Hill Blvd., FAMELY SOUTE 22-299				
	Enter Florida street address				
<u></u> <u></u>	Wellington Florida 33414 Zip Code				
	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 608, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, 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 2

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>	Address	Type of Action
MGRIN	Richard M. Faver, Inc.	15260 46th Lane Gouth Wellington, FL 384K1	Add
		1,	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary	
		·	2009 TAI
	Signature of a member	or authorized representative of a member	THE 20
	Typeu c	Page 2 of 2 ling Fee: \$25.00	O PH 2: 00 SSEE. FLORIDA
	r.i	ing rue. 425.00	0''' G