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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)  
Account Number : 076117000420  
Phone : (561) 650-0728  
Fax Number : (561) 655-5677

08 JUL 18 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08 JUL 18 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**KATY EQUINE, LLC**

|                       |         |
|-----------------------|---------|
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| Page Count            | 01      |
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**M. THOMAS**

JUL 21 2008

**EXAMINER** 7/18/2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Katy Equine, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J. Glassman, Esq.

(Name of Person)

GUNSTER, YOAKLEY & STEWART, P.A.

(Firm/Company)

777 South Flagler Drive, Suite 500 East

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary E. Cramer-Scharlatt

(Name of Person)

at ( 561 ) 650-0728

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL 18 AM 8:36

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Katy Equine, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**


- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Palm Beach Equine Clinic, LLC is the Manager, not Robert W. Brusie or Scott J. Swerdlin.

Please remove both Scott J. Swerdlin and Robert W. Brusie.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: July 18, 2008

  
Signature of a member or authorized representative of a member

Daniel J. Glassman, Esq., Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

09 JUL 18 AM 8:34  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

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FILED 8:00 AM  
June 20, 2008  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:

KATY EQUINE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

707 WOODS RD  
BROOKSHIRE, TX. US 77423

The mailing address of the Limited Liability Company is:

13125 SOUTHFIELDS RD  
WELLINGTON, TX. US 33414

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

SCOTT J SWERDLIN  
13125 SOUTHFIELDS RD  
WELLINGTON, FL. 33414

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SCOTT J. SWERDLIN

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL 18 AM 8:34

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### Article V

The name and address of managing members/managers are:

Title: MORM  
SCOTT J SWERDLIN  
13125 SOUTHFIELDS RD  
WELLINGTON, FL. 33414 US

Title: MGR  
ROBERT W BRUSIE  
13125 SOUTHFIELDS RD  
WELLINGTON, FL. 33414 US

Signature of member or an authorized representative of a member

Signature: SCOTT J SWERDLIN

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June 20, 2008  
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