108000074375

(Damestada Nava)		
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SECRETARY OF STATE

09 JAN 26 PM 2: 15

M. THOMAS

JAN 2 7 2009

EXAMINER

COVED LETTED

COVERLETTER	<i>*</i>
TO: Registration Section Division of Corporations	
SUBJECT: USA Thorougheds LC (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:	
Lawa Payuter (Name of Person)	_
USA Thorough breds LLC (Firm/Company)	- 09
8397 NW 46 HUST (Address)	- E0 11 26
Cala SI 34482 (City/State and Zip Code)	09 JAN 26 PM 2: 15
For further information concerning this matter, please call:	₿m.
Laura Paulider at (352) 843-0200 (Area Code & Daytime Telephone Num	ber)
Enclosed is a check for the following amount:	•
(additional copy is enclosed) Certific	cate of Status & cate Copy conditions on the copy conditions on the 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



January 15, 2009

LAURA PAYUDER 8397 NW 46TH ST. OCALA, FL 34482

SUBJECT: USA THOROUGHBREDS, LLC

Ref. Number: L08000074375

We have received your document for USA THOROUGHBREDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 809A00001581

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

(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 we Florida document number <u>LO800074375</u> .	vere filed on 8-/-08 and assigned	
This amendment is submitted to amend the following:	0	
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	5850 SW 62 place 70 19	
(Principal office address MUST BE A STREET ADDRESS)	Ocala F1. 34474	
Enter new mailing address, if applicable:	PO BOX 772614	
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, Fl. 34477 -2614	
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: Eddie	Ransey	
New Registered Office Address:	(Enter Florida street address)	
	(City), Florida 34477 (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.

(If Changing Registered Agent, Signature of No.

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 Eddie Ransey Lawa Paynter ☐ Remove ☐ Add Remove [Add Remove ☐ Add Remove 🗖 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) <u>1-10-09</u> resentative of a member Pansey
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00