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SEGRETARY OF STATE

T. CLINE

AUG 18 2009

EXAMINER

COVER LETTER

то:	Registration So Division of Co			
SUBJI	ECT:	Saratoga	a Stable IX, LLC	
3020			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			James A. Philpott, Jr.	
			Name of Person	
			Stoll Keenon Ogden	
			Firm/Company	
		300	West Vine St., Ste. 2100	_ 5. 2
			Address	
		!	Lexington, KY 40507	E 5
			City/State and Zip Code	- SSE
		E mail address (to be used for future annual report notification)	- CE. FI
For fu	ther information	concerning this matter, please of		2009 AUG 17 AM 11: 18 SECRETARY OF STATE TALL ANASSEE FLORIDI
	Jame	s A. Philpott, Jr.	at (859) 231-3064	- 1 ₂ - 2
	Name o	of Person	Area Code & Daytime Telephone Nu	mber
Enclos	ed is a check for t	the following amount:		
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	D Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
	4• •			
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 lassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saratog	ga Stable IX, LLC			
(Name of the Limited Liability (A Florida L	Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on	August 12, 2009	and assigne	:d
Florida document number L09000077433	<u>_</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company h	ere:		
Saratoga S	Stable IX FLEX, LLC			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation "I	ACTOR (Reabbre	eviation
Enter new principal offices address, if applicable:			<u> </u>	opt Commen
(Principal office address MUST BE A STREET ADDR	(ESS)		公司	į.
			53 =	E 194 1941 E
Enter new mailing address, if applicable:			10 K	
(Mailing address MAY BE A POST OFFICE BOX)	•	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or regist registered agent and/or the new registered office additional agent.		our records, enter t	the name of th	e new
Name of New Registered Agent:				
New Registered Office Address:		7		
	E	inter Florida street ada	iress	
		, Florida		
	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, I hereby confirm that the limited liability company has been notified in writing of this change.

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

<u>Title</u>	Managing Member <u>Name</u>	<u>Address</u>	Type of Action
<u> 1 1116</u>	Name	Address	Type of Action
			Add
			Remove
			Add Remove
			Remove
			2009 AL -7
			سمينة Add المات
			<u>ට</u> ව
			Add
			Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets,	if necessary.)
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-			
_			
_	- Martin Reserve		
Dated	August 12	2009 .	
	Janes G. l.	hitoes h.	
	Signature of a m	ember of authorized representative of a member	per
	McMahon Bloo	odstock, LLC, by James A. Philpott	, Jr.

Page 2 of 2

Filing Fee: \$25.00