

LD9000086078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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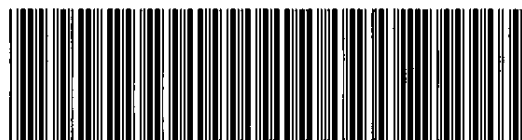
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 26 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green Broke Feed & Saddle, 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:

Philip R. Lazzara

Name of Person

Philip R. Lazzara, P.A.

Firm/Company

307 S. Boulevard, Suite D

Address

Tampa, FL 33606

City/State and Zip Code

plazzara@verizon.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Philip R. Lazzara

Name of Person

at (813) 251-0763

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$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

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**

Green Broke Feed & Saddle, 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 September 4, 2009 and assigned
Florida document number L09000086078

This amendment is submitted to amend the following:

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

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)

~~37545 Dixie Avenue~~ 23621 Terrrell Lane
~~Dade City, Florida 33525~~ Land O Lakes, FL 34639

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~37545 Dixie Avenue~~ 23621 Terrrell Lane
~~Dade City, Florida 33525~~ Land O Lakes, FL 34639

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:

Shay M. Perez

New Registered Office Address:

~~37545 Dixie Avenue~~ 23621 Terrrell Lane
Enter Florida street address
Land O Lakes 34639
Dade City 33525
City, Florida 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.

Shay M. Perez
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sharon E. Hansen	18205 Clear Lake Drive Lutz, Florida 33658	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Shay M. Perez	<i>(SMP)</i> 23621 Terrell Lane 97545 Dixie Avenue Dade City, Florida 33525 Land O Lakes, Fl. 33463	<input checked="" 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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 25 AM 11:23

FILED

Dated Oct. 5, 2010.

Shay M. Perez

Signature of a member or authorized representative of a member

Shay M. Perez

Typed or printed name of signee