

LO9000104630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

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10 JAN 14 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC - 4 2009

EXAMINER

3



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2009

PATRICIA WOODROW
4440 RECTOR ROAD
COCOA, FL 32926

SUBJECT: A TO RIDING SCHOOL, LLC
Ref. Number: L09000104630

We have received your document for A TO RIDING SCHOOL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 909A00037207

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A TO RIDING SCHOOL, 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:

PATRICIA WOODROW

Name of Person

A TO RIDING SCHOOL, LLC

Firm/Company

4440 RECTOR ROAD

Address

COCOA FL 32926 US

City/State and Zip Code

Patriciawoodrow@gmail.com

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

For further information concerning this matter, please call:

PATRICIA WOODROW

Name of Person

at (321) 604-5069

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

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

A To Z Riding School, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
10 JAN 14 PM 7:48
TALLAHASSEE, FLORIDA
STATE

The Articles of Organization for this Limited Liability Company were filed on 10-29-09 and assigned
Florida document number 109000104630

This amendment is submitted to amend the following:

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

A To Z Riding School, LLC
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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, 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 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>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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JAN 14 4:48 PM
STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12-04-2010, 2010.

Patricia J Woodrow

Signature of a member or authorized representative of a member

PATRICIA J WOODROW

Typed or printed name of signee

Already sent \$ 30.00 fee stake