L 09000114561

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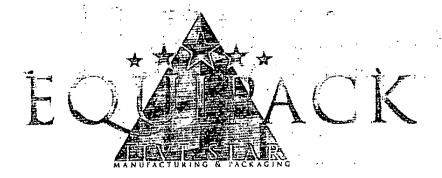
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S. HAWKES

JUL 2 3 2010

EXAMINER



April 24, 2010

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Equipack, LLC L09000114561

To Whom It May Concern:

On December 30, 2009 we submitted a resignation of a member and our amendment to the articles. This change was never posted on sunbiz.org.

We are now resubmitting those changes dated 12/30/2009 and enclosing our check for the same.

In addition we added our annual fees for 2010.

Should you have any questions, please do not hesitate to contact me directly.

Sincerely,

Greg Winters

Managing Member

Division of Co	rporations .	*	•	
	Fái	uipack, LLC		
SUBJECT:		lited Liability Company		
responding to the second se	Name of Lim	nted Elabitity Company		
A		3 - 2	•	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:	•	
	-	·s		
and the second of the second o				
		Greg Winters		
		Name of Person	1.10.	
		***	5 -	•
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	the state of the s	Equipack, LLC		
	erit engin in andre en in andre andre en in andre	Firm/Company .	,	
ari e		•		
	3	3539 SW 74th Avenue		
AND THE ALL STREET		Address		
	* **		*	
		Ocale: Elevide 24474		•
		Ocala, Florida 34474		
	•	City/State and Zip Code	: · · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	greg@egui-pack.com	·, ·	
and the second	E-mail address:	greg@equi-pack.com (to be used for future annual report notific	ation)	
For further information	concerning this matter, please	call:		
	Greg Winters	at (352) 5	98-9484	
	of Person	Area Code & Daytime		
•			•	
Enclosed is a check for	the following amount:			
Eliciosed is a check for	the following allount.			
్	■\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Sta	tus &
	•	(additional copy is enclosed)	Certified Copy	
		•	(additional copy	is enclosed)
	•		• • •	• .

Registration Section

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

Equip (Name of the Limited Liability Com	pack, LLC
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on12/2/2009and assigned
Florida document numberL09000114561	
	22
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	liability company here:
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability Company," the designation "LLC" or the abbreviat
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 registered agent and/or the new registered office address h	office address on our records, enter the name of the n
	194 <u>1</u>
Name of New Registered Agent:	.
New Registered Office Address:	Enter Florida street address
	Corids
	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 Title. <u>Name</u> **Address** Type of Action **MGRM** U.S. Equine Direct, Inc. 3539 SW 74th Avenue ☐ Add Ocala, Florida 34474 ☑ Remove Add Remove □ Add Remove Add Remove ∰∐Ädd ~ ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 30 2009 Dated Signature of a member or authorized representative of a member Taylor Johnson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00