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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MCDONALD HOPKINS CO., PA
Account Number : 120050000183
Phone : (561) 472-7510
Fax Number : (561) 472-2975

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email address: jpaul@mcdonaldhopkins.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STONEWALL FARM OCALA BLOODSTOCK, LLC

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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONEWALL FARM OCALA BLOODSTOCK, 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:

Jaimie Paul

Name of Person

McDonald Hopkins, LLC

Firm/Company

505 S. Flagler Drive, #300

Address

West Palm Beach, Florida 33401

City/State and Zip Code

jpaul@mcdonaldhopkins.com

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

For further information concerning this matter, please call:

Jaimie Paul

Name of Person

at (561) 472-2121

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

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
STONEWALL FARM OCALA BLOODSTOCK, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The principal place of business and mailing address should be:

800 S.W. 85th Avenue, Ocala, Florida 34481

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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Dated: February 1, 2010

David A. McKibbin
Signature of a member or authorized representative of a member

David A. McKibbin, Esq.

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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