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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**G. MCLEOD**  
OCT 10 2011  
**EXAMINER**



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11 OCT -7 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BURR TARVIS RACING VIII "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:

**BARRY KING**

Name of Person

**MIRACLE STABLES LLC**

Firm/Company

**1416 LYTTLE STREET**

Address

**LOUYISVILLE, KY 40203**

City/State and Zip Code

**bking02@bellarmine.edu**

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

For further information concerning this matter, please call:

**Barry King**

Name of Person

at ( **502** ) **767-6042**

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

**BURR TRAVIS RACING VII "LLC"**

Page 1 of 2

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
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			<input type="checkbox"/> Remove

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

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Dated October 3, 2011.

Signature of a member or authorized representative of a member

Dorothy Self

Typed or printed name of signee