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J. SAULSBERRY EXAMINER MAY 7 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE SANCTUARY OF PRIEC, 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:
CRAIG T. GALLE, ESQ. Name of Person
THE BALLE LAW GROUP, P.A Firm/Company
1350/ South Shore B/VD. #103 Address
WEUNGTON, FL 334/4 City/State and Zip Code POLOLAWYER @aol. com E-mail address: (to be used for future annual report notification)
L-itial address. (to be used for funde attitud report notification)
For further information concerning this matter, please call:
CRAIG T. GAWE, ESQ., at (56) 798-1708 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	· as it now ann	ears on our records)			
(A Florida Limited Liability Company	ibility Company	()			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/10000/6207</u> .	vere filed on _	02/08/201	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company l	nere:			
EQUINE CONDITIONING CE The new name must be distinguishable and end with the words "Limite	NTER	LLC			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Con	npany," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADDRESS)					
:		-	D. A. H.		
Enter new mailing address, if applicable:	NA	***			
(Mailing address MAY BE A POST OFFICE BOX)					
			25 25 E		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		n our records, <u>ente</u>	r the name of the new		
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>	Name	Address	Type of Action
N/A			Add
			Remove
			Add
			Remove
			Add
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	April 30 2013	
	Signature of a member or authorized representative of a member	EM
	MARK T. Bellissimo Typed or printed name of signee	

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