# L110000063395

(Re	equestor's Name)	
. (Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	me)
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### **COVER LETTER**

Division of Corp	orations		
SUBJECT: LADY AND	ME STABLE LLC		
SUBJECT,	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	LUIS R. SMITH		
-	<del></del>	Name of Person	
	JESSEL INVESTMENTS I	LLC	
Firm/Company			
11402 NW 41ST STREET SUITE 211			
		Address	
	DORAL, FL 33178		
	***************************************	City/State and Zip Code	
	LM.JESSEL@GMAIL.CON		
	E-mail address: (to	o be used for future annual report notific	ation)
For further information con	ncerning this matter, please ca	11:	
LUIS R. SMITH		at () 4702429 Area Code Daytime 1	
Name of	Person	Area Code Daytime	Felephone 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

TO:

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

LADY AND ME STABLE LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on ou mited Liability Company)	r_records.)
The Articles of Organization for this Limited Liability Com Florida document number L11000063395	npany were filed on $\frac{05/31/201}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	ALEGE ST.
		PA - ELEM
		ARY OF
Inter new mailing address, if applicable:		To B
Mailing address MAY BE A POST OFFICE BOX)		F. STATE
		<u> </u>
3. If amending the registered agent and/or register egistered agent and/or the new registered office addres		records, enter the name of the r
Name of New Registered Agent:	1 day magain st	
New Registered Office Address:		
	Enter Florida stre	el 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	AURA M. MADRID DE GARCIA	11402 NW 41ST STREET	□ Add
		SUITE 211-572	■ Remove
•		DORAL, FL 33178	Change
MGR	JOYCE V. GARCIA MADRID	11402 NW 41ST STREET	<b>■</b> Add
•		SUITE 211-572	☐ Remove
		DORAL, FL 33178	Change
			□ Add
			□ Remove
			TALLER D. Changes
			DAdd F
			P. F. S. Remove
			ORIO A Change
			Add
			□ Remove
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amending any other infor			_	
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	C.			
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ffective date, if other than	the date of filing:		(option	onal)
an effective date is listed, the date of the date inserted in the ocument's effective date on the	s block does not meet the	applicable statutory f	or more than 90 days after iling requirements, this	s date will not be listed as t
e record specifies a dela The 90th day after the		out not an effectiv	ve time, at 12:01 a	a.m. on the earlier of:
July 11	2015	;		SECIO
) Jk	<u> </u>	·		HASSEE
	Signature of a member	or authorized representa	tive of a member	of STAT
Judex A. Garcia				ORA 5

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Typed or printed name of signee

Filing Fee: \$25.00