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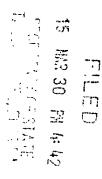
(Re	questor's Name)	
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APR 1 7 2015

S. YOUNG

COVER LETTER

TO: R	egistration Section ivision of Corporations		
SUBJECT	Stormwynd Sport Horses LLC		
SUBJECT	Name of Limited Liability Company		
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this matter to the following:		
	Stephen Eells		
	Name of Person		
	Firm/Company		
	400 Edgewood Rd		
	Address		
	Defuniak Springs, FL 32435	<u>ښ</u>	
	City/State and Zip Code		
	3day.ssh@gmail.com	恶	
	E-mail address: (to be used for future annual report notification)	မ္မ	-
For further	information concerning this matter, please call:	<u> </u>	
Stephen	Eells 850 884-5124	<u> </u>	,,,,,
	Name of Person Area Code Daytime Telephone Number -	- 3	
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,

Certificate of Status & Certified Copy

(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

Stormwynd Sport Horses LLC	
(Name of the Limited Liability Company as it now: (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L11000082087</u>	on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Stormwynd Equestrian Center LLC	
The new name must be distinguishable and end with the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1 77
	1 意 五
	30 1
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	12
B. If amending the registered agent and/or registered office addresegistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ss on our records, enter the name of the
	. 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			M A J
			Remove
			□ Add
			- In
			Add
			□ Remove
		And the state of t	
			Add
			☐ Remove
			Add
			Remove

). If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article III change to read: "Breed, buy, train, board, ride in competitions, and		
	sell horses. Instruct and coach riders. Provide advice, and write and publish on		
	horse and riding issues. Sell equestrian and equine related goods."		
(The	ective date, if other than the date of filing:		
the	date this document is filed by the Florida Department of State)		
Date	ed March 27, 2015		
	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member Stephen Eells Typed or printed name of signee		

Page 3 of 3

TILED

15 NO 30 PM # 12

Filing Fee: \$25.00