L11000096360

(Requestor's Name)				
(Address)				
(Add	ress)			
(City	//State/Zip/Phone	; #)		
(,	, , , , , , , , , , , , , , , , , , , ,	,		
PICK-UP	☐ WAIT	MAIL		
LII-	910310 Nam	ne) ()		
	cument Number)	-		
Certified Copies	Certificates	of Status		
,				
Special Instructions to F	filing Officer:			
·				
,				

Office Use Only



600211302696

08/30/11--01008--015 **35.0

FILED

11 SEP 19 PH 3: 22

SECRETARY OF STATE
SECRE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2011

RENATA VASCONEZ 60 SW 13 STREET, APT. 4404 MIAMI, FL 33130

SUBJECT: EQUINES TO THE WORD LLC

Ref. Number: L11000096360

We have received your document for EQUINES TO THE WORD LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 511A00020401

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FOUNES TO THE WORD LCC 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:
RENATA VAS CONEZ Name of Person
EQUINES TO THE WORD LLC.
60 SW 13 ST, APM 4404
TIAMI, FL City/State and Zip Code
renatavasconez Email. Com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RENATA VAS WNE Z at (954) 376 2 ZO 9 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status & Certificate of
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Projection Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 SEP 19 PM SECRETARY OF S TALLAHASSEF FL

EQUINES TO THE WORD

) LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi Florida document number <u>L11 0000 96 36</u>		filed on AUGUST ZZ , ZDII	_ and assigned			
This amendment is submitted to amend the following	ing:		,			
A. If amending name, enter the new name of th	<u>e limited liability (</u>	company here:				
FOUNES TO THE W The new name must be distinguishable and end with th "L.L.C."	ORLD he words "Limited L	ability Company," the designation "LLC	C" or the abbreviation			
Enter new principal offices address, if applicabl	le:					
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>					
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address:		Enter Florida street addres	is			
-	h	, Florida				
	Cit	V	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 an 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manage or Managing Member being added or removed from our records:

	= Manager 1 = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
D. If ar		change(s) here: (Attach additional sheets, if necessary.)	
	WHEN REGISTERING	THE NAME . INSTEAD OF TH	të UST WOEL
	WORD IS W	VOR LO	T SECO
	EQUINES TO TH	IE WORLD	SEP 19 RETARY
Dated _	12.5PT.2011		PH 3:
	Signature of a m	nember or authorized representative of a member	22 IDA
	PMata Jasa	·	

Page 2 of 2

Filing Fee: \$25.00