## #11000127299

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CORETARY OF STATE
OF ANY CORE FT OR DA

K.SALY EXAMINER MAY 2 2 2012

## **COVER LETTER**

TO: ,	Registration Division of	1 Section Corporations					
SURIE	SUBJECT: All About Horses, LLC						
SOBJE			ited Liability Company				
The end	closed Articles	s of Amendment and fee(s) are su	bmitted for filing.				
Please i	return all corre	espondence concerning this matte	r to the following:				
			Doreen M. Yaffa Name of Person				
·			All About Horses, LLC				
301		301	Yamato Road, Suite 2190				
Address							
		E	Boca Raton, FL 33431				
For fur	ther informati	E-mail address:	City/State and Zip Code  City/State and Zip Code  Code	ification)			
		Doreen M. Yaffa	at ( 561 )	276-3880			
		me of Person		me Telephone Number			
Enclose	ed is a check t	for the following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL.	orations Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED. 12 MAY 21 PM 2: 42 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

All About Horses, 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 Liability Company were filed	I onNovember 7, 2011	_ and assigned
Florida document number L11000127299		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
The new name must be distinguishable and end with the words "Limited Liabili" L.L.C."	ty Company," the designation "LLC	O" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
•		
Enter new mailing address, if applicable:	- CANANA - C	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addr	ess on our records, enter the	name of the new
registered agent and/or the new registered office address here:		
•		
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street addre	ss ·
	, 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	e to comply with
the provisions of all statutes relative to the proper and complete perfe	ormance of my duties, and I am	a familiar with and
accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address,		
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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR_	Doreen M. Yaffa	301 Yamato Road Suite 2190 Boca Raton, FL 33431	Add Remove
<del></del>		·	Add Remove
	·		Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
Dated	May 14 , 22	29/12	<u> </u>
		Poreen M. Yaffa ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00