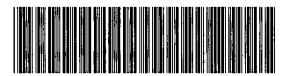
L11000134420

(Re	questor's Name)	
(Ad	dress)	
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SECRETARY OF STATE
THE ARMS SEE, FLORID

G. HARVEY

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
Chelivia	Productions, LLC			
SOURCE.	Name of Limi	ted Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Raymond G. Consol	e, Esquire		
Name of Person			······································	
	Cozen O'Connor			
		Firm/Company		
457 Haddonfield Road, Suite 300				
		Address		
	Cherry Hill, NJ 0800	2	14 NOV 24 SECRETARY ALL AHASSI	
		City/State and Zip Code		-
	dredwinwilson@gma			ľ
	_	to be used for future annual report notifi		
For further information	concerning this matter, please ca	di:	등 () () ()	,
Raymond G. Cons	sole	856 910-5011	電流 公	
Name	of Person		Telephone Number	
Enclosed is a check for t	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)	
	LING ADDRESS: cration Section	STREET/COURIE Registration 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

. Chelivia Productions, LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L11000134420</u>	Company were filed on No	vember 28, 2011	_ and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company her	<u>·e</u> :		
MLW Equine Investments, LLC				
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the d	esignation "LLC" or the abbr	eviation "L	"L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>PESS)</u>	ı,	سب (ت) جوا	.
			<u> </u>	-
				 -
				2 5
Enter new mailing address, if applicable:			######################################	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				8 (1)
			35 ¢	•
	 			រា ១
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		our records, enter the	ame (of the ne
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	da street address		
		Dlanida		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:			
	- 	amagin, I Guethan access	. to	اد مادند. دا.
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co			_	•

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 = Manager

AMBR = A	Authorized Member		
Title	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Add
			□ Remove
			<u>reco</u> ☐ Add
			Remove_
			SSEE T
			Add None Remove Remove SSEE FLOOR Add Add Add Add Add Add Add Add Add Ad
			□ Remove
			Add
			Remove
			Add
			Remove

D. It smeaning any other information, enter thange(s) never (Amach datamoral sheets, y necessary.)	 		
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Signature of a permber or authorized representative of a member			
Edwin S. Wilson, Manager / Typed or printed name of signee			
Page 3 of 3	SECRETARY OF S	14 NOV 24 PH 3:	Total Entre
Page 3 of 3	⊇ ;:::		A.B. Stan

Filing Fee: \$25.00