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Office Use Only



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COVER LETTER

		e Services LLC			
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed A	Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return a	ll correspor	ndence concerning this matter t	o the following:		
		William Justin Forehand			
			Name of Person		
		WJF Equine Services LLC			
Firm/Company					
		2105 74th Ave SW			
			Address		
		Vero Beach, FL 32968			
			City/State and Zip Code		
		wjfequineservices@gmail.co			
		E-mail address: (t	o be used for future annual report noti-	fication)	
For further infe	ormation co	oncerning this matter, please ca	II:		
William Justin Forehand		904 338-4447 at ()			
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a c	heck for th	e following amount:			
□ \$25.00 Fil	ing 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

Division of Corporations

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

WJF Equine Services, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L12000002877	were filed on 01/06/2012 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Forehand Performance Horses LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2105 74th Ave SW			
(Principal office address MUST BE A STREET ADDRESS)	Vero Beach, FL 32968			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	' ''			
	Enter Florida street address			
	City Zip Code Zip Code			
	10			

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>	<u>Name</u>	Address	Type of Action			
			Remove			
			☐ Change			
			Add			
			□ Remove			
			Change			
		 				
			□ Remove			
			□ Change			
			Add			
			□ Remove			
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te: If	date, if other than the date of filing: 12/12/2017 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will seffective date on the Department of State's records.	rsuant to 60 I not be lis	5.020° ted as
he 9	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 0th day after the record is filed.	the earl	ier o
ed	December 12. 2017. W. The Signature of a member or authorized representative of a member		
	W 0 1711	**	DÍV.
	Signature of a member or authorized representative of a member	AP	SION
	William Justin Forehand	8 APR -2	OF C
	Typed or printed name of signee		480.
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Page 3 of 3

Filing Fee: \$25.00