## 11200018386

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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11/03/16--01011--011 \*\*25.00

2016 NOV 16 PM 5: 59
SECRETARY OF STATE

K. SALY NOV 22 2016



November 4, 2016

DOROTHY RUDY 463 CABERNET PLACE ST. AUGUSTINE, FL 32084

SUBJECT: HASTINGS EQUESTRIAN LLC

Ref. Number: L12000028386

2016 NOV 16 PM 3: 18
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HASTINGS EQUESTRIAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 216A00023775

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor | ection<br>rporations                         |   |   |
|--|--|---|---|
| OLUB TO COD                            | questrian LLC                                |   |   |
| SUBJECT:                               | Name of Limi                                 | ted Liability Company   |   |
| e <sub>6</sub> 3                       | -  |   |   |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | nitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   | •   |
|  | Dorothy Rudy                                 |   |   |
|  |  | Name of Person  | <u></u>   |
|  |  | Firm/Company  |   |
|  | 463 Cabernet Place                           |   |   |
|  |  | Address   |   |
|  | St. Augustine FL 32084                       |   |   |
|  | <del></del>                                  | City/State and Zip Code   |   |
|  | deerudy@hotmail.com                          |   |   |
|  | E-mail address: (t                           | o be used for future annual report notif                            | ication)  |
| For further information of             | concerning this matter, please ca            | 11:   |   |
| Dorothy Rudy                           |  | 201 753-8530<br>at ()   |   |
| Name o                                 | of Person                                    | Area Code Daytime   | e Telephone Number  |
| Enclosed is a check for the            | he 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 |

MAILING ADDRESS: 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**

| FILED                |
|----------------------|
| 2016 NOV 15          |
| 2016 NOV 16 PM 5: 55 |
| V AHACO UF CO        |

Hastings Equestrian LLC

(Name of the Limited Liability Comp

| (A Flo   | rida Limited Liability Company)                 | MSSEE, FLORIDA                  |
|--|---|---------------------------------|
| The Articles of Organization for this Limited Liability Florida document number L12000028386   | y Company were filed on 2/28/12                 | and assigned                    |
| This amendment is submitted to amend the following   | <del></del> ·<br>:                              |                                 |
| A. If amending name, enter the new name of the li  | imited liability company here:                  |                                 |
| Right Start Riding LLC   |   |                                 |
| The new name must be distinguishable and contain the words "I                                  | Limited Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                                 |
| Principal office address MUST BE A STREET AD   | DRESS)  |                                 |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)        |   |                                 |
| B. If amending the registered agent and/or registered agent and/or the new registered office a |   | ls, enter the name of the       |
| Name of New Registered Agent:  |   |                                 |
| New Registered Office Address:   |   |                                 |
|  | Enter Florida street addre                      | '58                             |
|  |   | lorida                          |
|  | 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

or removed from our records: FILED MGR = Manager 2016 NOV 16 PM 5: 59 Type of Action AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** \_□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove \_□ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

|                | FILE.  |
|----------------|--|
|                | ' 'LED   |
|                | 2016 NOV 16 PM 6: 00   |
|                | TALLAHASSEE. FLORIO.   |
|                | TAMASSÉE. FLORID.  |
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| fan e<br>Note: | tive date, if other than the date of filing:   |
|                | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of |
| Th             | e 90th day after the record is filed.  |
| atec           | November 14. 2016.   |
|                |  |
|                |  |
|                | Signature of a member or authorized representative of a member                                       |

Page 3 of 3

Filing Fee: \$25.00