L12000113346

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE
BIVISION OF CORFORATION

C. LEWIS NOV - 9 2012 EXAMINER

COVER LETTÉR .

TO:

Registration Section
Division of Corporations

SHRJECT:

MARION HORSES TRAINING CENTER LLC

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:

WILLIAM GERSTEIN

Name of Person

GERSTEIN & BARET, PL

Firm/Company

3007 W COMMERCIAL BLVD STE 105

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

wg@usaimmigrationlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Gerstein

954, 486-9966

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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

DIVISION OF CORPORATIONS
2012 NOV -8 PM 2: 39

MARION HORSES TRAINING CENTER 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 Com	pany were filed on 09/04	/2012	and assigned
Florida document number <u>L12000113346</u>		. `	
	·		
This amendment is submitted to amend the following:			•
A. If amending name, enter the new name of the limited	l liability company here:	•	
	(T.), 11 1 T. C.	2) 4) - 4 - 1 - 1 - 1 - 1 - 1 - 1	II C" the all-resisting
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,	," the designation "i	LLC or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	ed office address on our	records, enter	the name of the new
registered agent and/or the new registered office addres			
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida street address		
	, Florida City Zip Code		
	· •	•	Zip Coae
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and	d agree to act in this cap	acity. I further ag	gree to comply with
the provisions of all statutes relative to the proper and of	complete performance of	my duties, and I	am familiar with and
accept the obligations of my position as registered ager being filed to merely reflect a change in the registered of	n as provided for in Chaf office address, I hereby c	onfirm that the li	, y this document is mited liability
company has been notified in writing of this change.	. ,	•	ŗ

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>Title</u>	<u>Name</u>		Type of Action
MGR	JAIME RAMIREZ SIERRA	4401 SW 52ND CIRCLE UNIT 10	5 🖌 Add
		OCALA FL 34474	Remove
	,		_ ·
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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		,	SECREGARY CON PROPERTY CON PROP
			CORPORATIONS
			Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	•
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NOVEMBER 5 2012	
Signature of a member or authorized representative of a member	
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Page 3 of 3

Filing Fee: \$25.00