

L12000113346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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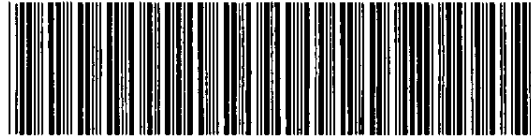
(Business Entity Name)

(Document Number)

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2013 MAR 25 PM 1:48  
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MAR 26 2013  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **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**

Name of Person

at ( **954** ) **486-9966**

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

FILED  
2013 MAR 25 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

**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 Company were filed on 09/04/2012 and assigned  
Florida document number L12000113346.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6780 SW 65 Ave.

Ocala, FL 34476

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6780 SW 65 Ave.

Ocala, FL 34476

**B. If amending the registered agent and/or registered office address 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 address

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 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 608, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RAMIREZ SIERRA, JAIME	4401 SW 52ND CIRCLE UNIT 105	<input type="checkbox"/> Add
		Ocala FL 34474 US	<input checked="" type="checkbox"/> Remove
MGR	Morales, Carlos	6780 SW 65 Ave.	<input checked="" type="checkbox"/> Add
		Ocala, FL 34476	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL AMENDMENTS  
TO THE CHARTER OF FLORIDA  
MAY 25 11:48 AM '17

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated March 12, 2013

  
Signature of a member or authorized representative of a member

CHARLES A ROA LOZANO, MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 MAR 25 PM 4:48  
CLERK OF STATE  
CALIFORNIA STATE ELECTIONS