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(Requestor's Na	me)		
(Address)			
(Address)			
(City/State/Zip/P	hone #)		
PICK-UP WAIT	MAIL		
(Business Entity	Name)		
(Document Number)			
Certified Copies Certific	cates of Status		
Special Instructions to Filing Officer:			

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October 3, 2017

LAURA DAMBOLENA 80 SW 8TH STREET STE 2600 MIAMI, FL 33130

SUBJECT: DRESSAGE RE LLC Ref. Number: L12000116229

We have received your document for DRESSAGE RE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

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

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 617A00020006

COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT:	DRESTAGI	E LE LLC. ited Liability Company			
	Name of Lim	ited Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	Lau	na Dambolena Name of Person			
		Name of Person			
	Desiage DE LLC.				
		· · · · · · · · · · · · · · · · · · ·			
80 SW 8th Street - Suite 2600					
	City/State and Zip Code Ldambolena @ Indepasset.com				
	E-mail address: (to be used for future annual report notification)				
For further information cond	cerning this matter, please ca	all:			
Laura Dan	ndolena	at () 86) S36 Area Code Daytime	-5416.		
Name of Pa	erson	Area Code Daytime	Telephone Number		
Enclosed is a check for the f	following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Diessage	REUC.		
(Name of the Limited	I Liability Compan A Florida Limited Li		on our records.)	
The Articles of Organization for this Limited Lia Florida document number LA2000(162)		vere filed on _	09/11/12	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	y Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:				11/16:1.4
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>ente</u>	<u>.</u>
Name of New Registered Agent:		odrigo	Martinez t-Suite	
New Registered Office Address:	80 SW	84 Street	t - Suite	2600. Miani
		Miami	Florida _	<i>फे</i> (५०
		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 Agolt, Signature of New Registered Agont

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Charles Area Comme

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGe	Claudio Zichy	80 SW 8th Street- suite. Miami- FL 33130.	2600 □ Add
	,	Miami- FL 33180.	■ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			□ Changer
			Ren∰ve
			Change
			Remove
			Change
		<i>i</i>	
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ç E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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Filing Fee: \$25.00