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## **COVER LETTER**

	egistration Se ivision of Cor			
eum ur ca		STABLES LLC		
SUBJECT	``		nited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		LISA A. TROELL, ESQU	TRE	
			Name of Person	<del>.</del>
		CHESSER & BARR, PA		
			Firm/Company	
		1201 EGLIN PKWY		
		-	Address	
		SHALIMAR, FL 32579		
			City/State and Zip Code	<del></del>
		lisat@chesserbarr.com		
			to be used for future annual report not:	Daytime Telephone Number    S60.00 Filing Fee.   Certificate of Status &
For further	information co	oncerning this matter, please c	all:	
LISA A. T	ROELL, ESQ	UIRE	850 651-9944 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

Same of the

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

VICTORIA	STABLES	LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited E	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000156445</u>	were filed on DECEME	BER 14, 2012	_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbre	viation "L	"L.C."
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
			<del></del> -i	
		19 OCT   7 AM   1: 01		
Enter new mailing address, if applicable:		-, -		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		<u> </u>	<u> </u>	
B. 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:			e_name	of the new
, <b>ć</b>	enter rioriau stre			
	City	, Florida	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

. 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>	<u>Address</u>	Type of Action
AMBR	KVI, INC.	259 CHAMPION COURT	
		DESTIN, FL 32541	Remove
			Change
AMBR	KENDALL CONSULTANTS, INC	456 CAPTAINS CIRCLE	
		DESTIN, FL 32541	■ Remove
			Change
· · · · · · · · · · · · · · · · · · ·			Add
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			☐ Change
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			Sign Sign	Ξ
			<u>\$2</u> 000 34	<del>: 0</del>
Effective date, if other than	the date of filing:		_ (optional)	
Note: If the date inserted in the	e must be specific and cannot be prior to is block does not meet the applicab he Department of State's records.			
the record specifies a dela ) The 90th day after the	ayed effective date, but not record is filed.	an effective time, at 1	12:01 a.m. on the	e earlier
12/21	2018			
Dated	·	- ·		
<b>/</b> //	1119/11/19			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00