Florida Department of S

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002810133)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: KATZ & DOORAKIAN LAW FIRM, P.L.

Account Number : I20100000035

: (561)721-6719

Fax Number

: (561)721-6733

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEXINGTON EQUESTRIAN INVESTMENTS, LLC

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Help

COVER LETTER

TO: Re Div	gistration Se vision of Cor	porations		•		
SUBJECT:	LEXINGTO	ON EQUESTRIAN INVESTM	ENTS, LLC			
SUBJECT:		Name of Lim	tited Liability Company			
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		DANIEL DOORAKIAN,E	ESQ.			
			Name of Person			
Firm/Company						
625 N. FLAGLER DRIVE, SUITE 605						
			Address			
•		WEST PALM BEACH, FI	LORIDA 33401			
			City/State and Zip Code			
		JMYERS@KATZLAWPL.				
		E-mail address: (to be used for future annual report notifi	cation)		
Por further in	nformation co	oncerning this matter, please ca	all:			
JESSICA M	YERS		561 721-6729 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Nov. 25. 2015 12:49PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 2597 P. 3/5 (((H1**5000281013 3)))**

LEXINGTON EQUESTRIAN INVESTMENTS, LLC (Name of the Limited Liability Comp. (A Florida Limited)		rds.)		
(A Florida Limited	Liability Company)			
he Articles of Organization for this Limited Liability Company	were filed on 02/19/2013		and as	signed
lorida document number L13000025984				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	dlity company here:			
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Li	LC" or the abbrev	iation "L	.L.C."
nter new principal offices address, if applicable:			<u>~5</u>	
Principal office address MUST BE A STREET ADDRESS)			<u>:</u>	case, and
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		7.5% 7.5%	Ω V3	Base 2-1-2-
uter new mailing address, if applicable:		開会	327	h****
Mailing address MAY BE A POST OFFICE BOX)			ထ	4
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		32		
. If amending the registered agent and/or registered or egistered agent and/or the new registered office address her	fiice address on our recor <u>e</u> :	ds, <u>enter the</u>	<u>name</u>	of the
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addr	'ess		
		Florida		
	City	Z	ip 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

Page 1 of 3

If Nov. 25. 2015 12:49PM

If surround authorized to manage, enter the title, name, and address on carring added or removed from our records:

MGR = Manager AMBR = Authorized Member (((H15000281013 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MORALES, HUGO M	1845 NW 112TH AVE, SUITE 185	
		MIAMI, FL 33172	■ Remove
			Change
MGRM	MONASTERIO, TAMARA	1845 NW 112TH AVE, SUTIE 185	
		MIAMI, FL 33172	≅ Remove
			Change
AR	DOORAKIAN, DANIEL	625 N. FLAGLER DRIVE, SUITE	⊞ Add
		WEST PALM BEACH, FL 33401	Remove
			Change
			D Add
			Remove
			D Change
			
			Change Change

				heets, if necession			
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ument's effective date of			offeshive blues	at 12:01 a.m.			of:
nument's effective date of the core of the	elayed effective d he record is filed.	late, but not an	effective time,		3>년 - # (7)	$\overline{\Box}$	# i:
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Page 3 of 3

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