* L1300003030329

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



100247753471

05/09/13--01024--010 **55.00

2018 HAY -9 PM 12: 40
Share TARY OF STATE

MAY 10 2013 D. BRUCE

TQ: Registration S Division of Co		-,			
SUBJECT: EQUES	STRIAN TUTORING LL	C Note the second of	.3.12		
	(Name of Eir	nited Liability Company)	·· ——		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	lmelda Vasquez				
		(Name of Person)			
	Legalzoom.com, inc	>.			
		(Firm/Company)			
	100 W. Broadway S	uite 100			
		(Address)			
1 7 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Glendale, CA 91210), the second of		7A 2	
		(City/State and Zip Code)		2018 MAY ALLAHA	
1. A. A. 1.	concerning this matter; please	to the transfer of the transfer of the contract of the contrac	·· 7050	-9 SSE SSE	
	of Person)	at (323) 962-8600 ex	Telephone Numbe	PH 12: 40 OF STATE OF FLORIDA	O
, , , , , , , , , , , , , , , , , , ,				PAGI PAGI PAGI PAGI PAGI PAGI PAGI PAGI	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	losed)
	INC ADDDEGG.	CTDEET/COUNTY) ADDDEGG		

the first of the second of the

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

EQUESTRIAN TUTORING LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

Liability Company)		
y were filed on 2/20/20	013	_ and assigned
ability company here:		
office address on our l ere:	records, <u>enter the</u>	name of the new
		2010
(Enter 1	Florida street addre	
(City)	TORIDA TORIDA	(Zip Lode)
nt: wree to act in this capac	itv I further aoree	to comply with
	ability company here: mited Liability Company," office address on our rece: (Enter in (City))	were filed on 2/20/2013 Ability company here: Inited Liability Company," the designation "LLC office address on our records, enter the ere: (Enter Florida street address, Florida (City)

(If Changing Registered Agent, Signature of New Registered Agent)

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> MGRM Clementine Goutal 2718 Yarmouth Dr **✓** Add Wellington, FL 33414 Remove Remove _Add Remove Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Nathaniel Rolfe
Typed or printed name of signee