L13000092166

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(Address)
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26/6 DEC 23 PH 4: 58
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B. BOSTICK
DEC 3 1 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Horseshoe Home Place, 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:

Amy L. Kenner, CLA, FCP, FRP

Name of Person

Grunder & Petteway, P.A.

Firm/Company

23349 NW CR 236, Suite 10

Address

High Springs, FL 32643

City/State and Zip Code

amykenner@windstream.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy L. Kenner

Name of Person

.386.4**54-1298**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harasahaa Hama Blass II.C

New Registered Agent's Signature, if changing Registered Agent:

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Company)	
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Enter Florida street addr	ess
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	Zip Code
	Idress on our records, enter the

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.

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CHARLES G. COX, JR.	12003 NW SR 45	Add
		HIGH SPRINGS, FL 326	43 Remove
			
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i ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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d	Dec. 9, 2013.
	Signature of a member or authorized representative of a member
	ROSA VELMA COX
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

25 15 DEU 23 PH 4: 58



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2013

AMY L. KENNER, CLA, FCP, FRP GRUNDER & PETTEWAY, P.A. 23349 NW CR 236, SUITE 10 HIGH SPRINGS, FL 32643

SUBJECT: HORSESHOE HOME PLACE, LLC

Ref. Number: L13000092166

28 IN DEC 23 PA 4: 58

We have received your document for HORSESHOE HOME PLACE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000135405.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 613A00028340