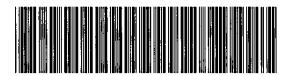
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· (R€	equestor's Name)	
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T. HAMPTONS

COVER LETTER

TO:	Registration Se Division of Cor			
eim i	STUD D	ONA LICHA STABLES	, LLC	
SUBJ	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JANET BELLTAYLO	DR .	
		****	Name of Person	
		DONA LICHA STAE	BLES, LLC	
			Firm/Company	
		7460 SW 93RD PLA	ACE	
			Address	
		MIAMI, FLORIDA 3	3173	
			City/State and Zip Code	
		JANETP129@GMAI	L.COM to be used for future annual report notifi	
For fu	ther information co	oncerning this matter, please c	•	Canony
JANET BELLTAYLOR 305 494-6814				
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2	5.00 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)
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUD DONA LICHA STABLES, LLC

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

The Articles of Organization for this Limited Liability	Company were filed on SEPTI	EMBER 20,2013 and assigned
Florida document number L13000133446		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
DONA LICHA STABLES, LLC		
The new name must be distinguishable and end with the words "l	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		SECRE STAR -2 AN IO STEP STAR STAR STAR STAR STAR STAR STAR STAR
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	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 Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> **Type of Action** MGR Janet Belltaylor 7460 SW 93rd Place, Miami, FL 33173 Add ☐ Remove MGR **OSCAR PENA** 7460 SW 93rd Place. Miami,FL 33173 Add ☐ Remove ☐ Add Remove □ Add ☐ Remove □ Add ☐ Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(The e	ctive date, if other than the date of filing:
Date	FEBRUARY 20, 2015
Duc	Janet Bell Lyler,
	Signature of a member or authorized representative of a member
	JANET BELLTAYLOR
	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE