L13000155510

(Requestor's N	lame)
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PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
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COVER LETTER

ТО	e: Registration S Division of Co			
SIF	BJECT:	Auer Sport Hors	ses, LLC	
50.			nited Liability Company	
The	enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Plea	ase return all corresp	ondence concerning this matter	to the following:	
		Cody Auer Qu	,	
			Name of Person	
			Firm/Company	
		07/0 01 1.4		
		2568 Sheltin	Address	
		Wellington,	FL 33414-7051 City/State and Zip Code	
			•	
		cody.auer@gm E-mail address: (to be used for future annual report noti	fication)
For	further information o	concerning this matter, please c	ali:	
	Cody Auer Qui		at (203) 258-550	
	Name o	of Person	Area Code Daytim	œ Telephone Number
Encl	losed is a check for t	he following amount:		
XIX	\$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

Auer Sport Hor	rses, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our	records.)	
(A Florida Limited Lia	Ditty Company)		
The Articles of Organization for this Limited Liability Company w	ere filed on1/5/	/13	_ and assigned
Florida document number <u>L13000155510</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
Quintana Show Stables, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	2568 Sheltingh	am Kritode	
(Principal office address MUST BE A STREET ADDRESS)	Wellington, FL	. 33414-705	<u> </u>
Enter new mailing address, if applicable:	2568 Sheltingh	am 'Deiro	, <u>.</u>
	-		
(Mailing address MAY BE A POST OFFICE BOX)	Wellington, FL	33414-705	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our re	cords, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	2568 Sheltingh Enter Florida street a		
	Wellington	, rivirua	14-7051
	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 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>	Name	Address	Type of Action
_AMBR	Ramiro Quintana	2568 Sheltingham Drive	XXAdd
		Wellington, FL 33414-7051	Remove
			Change
			
			Remove
			Change
			Add
			Change
			D Add
			Remove
			☐ Change
 			
			Remove
		[I] Change	
<u>.</u>			
			☐ Remove
			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	V 1/8/2018 V Cal Lew anto
	Signature of a member or authorized representative of a member
	Cody Auer Quintana Typed or printed name of signee

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Filing Fee: \$25.00