

09/5/2014

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TO:18506176383 FROM:9545102072

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Division of Corporations

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Florida Department of State
 Division of Corporations
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L14000019732

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : GFB TAX SERVICE LLC
 Account Number : I20120000047
 Phone : (754)246-6160
 Fax Number : (954)510-2072

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

Email Address: gastonbelen@gfbtaxservice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HORSEDALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: HORSEDALE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm Company

5210 SW 201st TERRACE

Address

SOUTHWEST RANCHES, FL 33332

City, State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

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

For further information concerning this matter, please call.

GASTON BELEN

Name of Person

754 246-6160

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
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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HORSEDALE 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 02/05/2014 and assigned
Florida document number L14000019732

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O GFB TAX SERVICE LLC

6303 BLUE LAGOON DRIVE SUITE 400

MIAMI, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O GFB TAX SERVICE LLC

6303 BLUE LAGOON DRIVE SUITE 400

MIAMI, FL 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

C/O GFB TAX SERVICE LLC

New Registered Office Address:

6303 BLUE LAGOON DRIVE SUITE 400

Enter Florida street address

MIAMI

City

Florida 33126

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.

Changing Registered Agent/Signature of New Registered Agent

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EAGLERISE INVEST INC	6303 BLUE LAGOON DRIVE SUITE 400	☒ Add
		MIAMI, FL 33126	☐ Remove
MGR	EAGLERISE INVEST INC	20900 NE 30TH AVE # 200	☐ Add
		AVENTURA, FL 33180	☒ Remove
MGR	GASTON F. BELEN	6303 BLUE LAGOON DRIVE SUITE 400	☒ Add
		MIAMI, FL 33126	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated **SEPTEMBER 5** **2014**

Signature of a member or authorized representative of a member

GASTON BELEN

Typed or printed name of signer

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Filing Fee: \$25.00

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