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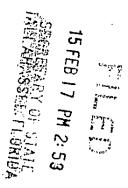
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COVER LETTER

TO: Registration: Division of C			
Lewis-G	Greene Dressage, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub pondence concerning this matter	-	
	Yasmeen S. Khalee	el, Esq.	
		Name of Person	
	Capehart & Scatcha	ard, PA	
		Firm/Company	
	8000 Midlantic Drive	e, Suite 300 S	
		Address	
	Mt. Laurel, NJ 0805	54	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Yasmeen S. Kha	leel, Esq.	856 914-2094	
Name	e of Person		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

Lewis-Greene Dressage, LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document numberL14000030446	y Company were filed on February 21, 2014 and assigned and assigned
This amendment is submitted to amend the following	g;
A. If amending name, enter the new name of the l	limited liability company here:
Lewis Dressage, LLC	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	, Florida
	Cay 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

In mending 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 = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Douglas R. greene	Le306e South MacDill Ave Tampa Fla 34611	□ Add
		Tampa Fla 34611	X Remove
			Remove
			□ Add
			□ Remove
			FEB I 7 P
			PHONE TO Remove
			□ Add
			□ Remove
<u></u>			
			□ Remove

Effective date, if other than the date of filing:	(optional)
	cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	cannot be more than 90 days after
Dated February 4 , 2015	
•	

Page 3 of 3

Filing Fee: \$25.00

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