## 114000048403

(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
(Document (variable)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700258983327

04/17/14--01008--021 \*\*25.00



B. BOSTICK APR **21** 2014

EXAMINED

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

KBE Sporthorses, 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:

Earl K. Mallory

Name of Person

Mallory Law Group

Firm/Company

PO Box 8858

Address

Jupiter, FL 33468

City/State and Zip Code

ekm@mallorylawgroup.com

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

For further information concerning this matter, please call:

Charles R Boning

\_,561

743-3708

Name of Person

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

KBE Sporthorses, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400048403</u> This amendment is submitted to amend the following:	were filed on March 24, 2013	and assigned	
A. If amending name, enter the new name of the limited liab	ent is submitted to amend the following:  Ing name, enter the new name of the limited liability company here:  Institute the distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable:  Institute distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable:  Institute of the submitted to amend the following:    6230 West Indiantown Road		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."	,—
Enter new principal offices address, if applicable:		oad	
(Principal office address MUST BE A STREET ADDRESS)			_
Enter new mailing address, if applicable:		oad	
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
	Jupiter, FL 33458	<del> </del>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of th	e new
Name of New Registered Agent:			<u>:</u>
New Registered Office Address:		- 1 17	<u>.</u> د ع
	Enter Florida street address		'
. <del>.</del>	, Florida	Zin Code	
	CH_F	and come	

## 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 **Type of Action** Address Title **Name** \_□ Add ☐ Remove \_□ Add \_□ Remove \_□ Add \_□ Remove □ Remove \_\_\_\_\_ ☐ Remove

	ter change(s) here: (Attach additional sheets, if necessary.)
FOC. 45 d. 40 . 26 4b 4b 4b Jahr	Continue (ontinue)
Effective date, if other than the date of (The effective date must be specific, cannot be price the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days after
Dated April (	2014
Janua	
- Signatur	re of a member or authorized representative of a member
	Charles R Boxing, Esq.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

ુર ુટ**ા** ઉ