# L140000007229

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**S Warren** AUG 0 9 2016

# **COVER LETTER**

TO: Registration Sec Division of Corp			\.
SUBJECT:	D HOYSE STEID! Name of Lim	LS LL C ited Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u> </u>	Name of Person	·
	Inver	THEY USA-Firm/Company	
	1345 Bowlell	Ave Svite 108	)
	Hiami,	1 33131	·
	E-mail address: (	City/State and Zip Code  City/State and Zip Co	(OM)
For further information co	ncerning this matter, please ca	all:	
W2 Name of	Ospina	at (505) 442 - (	8648 Telephone Number
Name of	i cison	. Dayinie	Telephone Number
Englosed is a check for the	e 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

## **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

P-D Horse sto	ables, LLC
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 14000 67229	mpany were filed on 7 27 20 6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:
The new name must be distinguishable and contain the words "L mited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/11 15-32
(Principal office address MUST BE A STREET ADDRE	****
Enter new mailing address, if applicable:	UIA SEA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the newss here:
Name of New Registered Agent:	NA
New Registered Office Address:	
	Enter Florida street 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar AMBR = Aut	ager horized Member		
Title UGV	Name Suntiago Huldunado	Address 1395 Brickell the Suite 19 Miumi, LL 33131	Type of Action  Add  Remove
MER	Francisco Percz	B95 Brich He soite 18 Minmight 33131	☐ Change  Add  Remove
<del></del>			□ Change□ Add□ Remove
			□ Change□ Add□ Remove
		- 12-1	□ Change□ Add
		THE WAY OF	7

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessa	
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***************************************		
(If an effectiv <u>Note:</u> If the	date, if other than the date of filing: 726206 (optional ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing he date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	g.) Pursuant to 605.0207 (3)(1
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. ith day after the record is filed.	on the earlier of:
Dated	7/26/2016.	
	Signature of a member or authorized representative of a member	
	Francisco Perez	F-029 0229 0229
	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·
		o m
	Filing Fee: \$25.00	U ,
	PATE A	12: 19: