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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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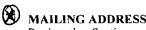
SECRETARY OF STATE ALLAHASSEE, FLORIDA 2015 JUL 16 P 1: 00

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ULLIA 255 D. BRUCE

COVER LETTER

	gistration Se ision of Cor					
SUBJECT:	HORSEWI	SE, LLC				
SUBJECT:		Name of Lim				
		Amendment and fee(s) are sub	_			
Please return	all correspo	indence concerning this matter	to the following:			
		STEFANIE MAZER				
			Name of Person			
		HORSEWISE, LLC			S 2	
		-	Firm/Company		ECRI PLOS	7
		16155 NORRIS ROAD		•	HASA C	
		- - 4	Address		SEE P	
		WELLINGTON, FL 3347	70		FIST F	_
			City/State and Zip Code		2015 JUL 16 P 1: 00 SECRETARY OF STATE SECRETARY OF STATE	
		stefaniemazer@icloud.com E-mail address: (to be used for future annual report notifi	ication)	•	
For further i	nformation c	oncerning this matter, please ca	all:			
ISABELLA	BARBERA	, CPA	561 373-7409 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for tl	he following amount:				
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
÷	6 0		•			



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

	HORSEW	ISE, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	nv as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document numberL1400014719		were filed on	9/19/2014	and assigned	
This amendment is submitted to amend the following	owing:		,		
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>·e</u> :		
•	N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	ity Company," the de-	signation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		16155 NORRIS	ROAD		
(Principal office address MUST BE A STREE		WELLINGTON, FL 33470			
			· • · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		16155 NORRIS	ROAD		
(Mailing address MAY BE A POST OFFICE	BOX)	WELLINGTON,	FL 33470		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	our records, Finter	the name of the n	
New Registered Office Address:	16155 NORRI	S ROAD	E OF	T FT	
·	WELLINGTO		da street address	3€30 2in 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>	<u>Name</u>	Address	Type of Action
MGR	STEFANIE MAZER	16155 NORRIS ROAD	■ Add
		WELLINGTON, FL 33470	Remove
			☐ Change
MGR	LA LUNA SKY LLC		
			■ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
		· 	☐ Remove
		ALL	Change
		ASSEE, F	Remove
		ORIO	☐ Change
			Add
			□ Remove
			□ Change

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Page 3 of 3

Filing Fee: \$25.00