

L4000147193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

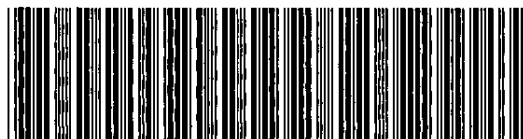
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2015 JUL 16 P 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 17 2:5  
D. BRUCE

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: HORSEWISE, 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:

STEFANIE MAZER

Name of Person

HORSEWISE, LLC

Firm/Company

16155 NORRIS ROAD

Address

WELLINGTON, FL 33470

City/State and Zip Code

stefaniemazer@icloud.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ISABELLA BARBERA, CPA

at ( 561 ) 373-7409

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

HORSEWISE, 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 9/19/2014 and assigned  
Florida document number L14000147193.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

16155 NORRIS ROAD

**(Principal office address MUST BE A STREET ADDRESS)**

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/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:

STEFANIE MAZER

New Registered Office Address:

16155 NORRIS ROAD

*Enter Florida street address*

WELLINGTON

*City*

FL 33470

*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.*

(X)

Stefanie Mazer

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	STEFANIE MAZER	16155 NORRIS ROAD	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LA LUNA SKY LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 22, 2015

(X) Stephanie Mazer  
Signature of a member or author

Signature of a member or authorized representative of a member

STEFANIE MAZER

Typed or printed name of signee

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