

L15000024414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

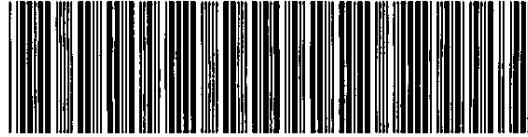
(Document Number)

Certified Copies _____ Certificates of Status _____

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name change only

Office Use Only



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05/22/15--01008--011 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 22 PM 3:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2015

8 MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Equine Marketing Solutions, 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:

Anneleise Sanchez
Name of Person

Equine Marketing Solutions, LLC
Firm/Company

11983 SW 15 Street
Address

Pembroke Pines, FL 33025
City/State and Zip Code

anneleise@me.com OR anneleisc@equinemarketing
E-mail address: (to be used for future annual report notification) solutions.com

For further information concerning this matter, please call:

Anneleise Sanchez at (305) 606-2179
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

FILED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MAY 22 PM 3:45

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Equine Marketing Solutions 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 02/09/2015 and assigned Florida document number L15000024414.

This amendment is submitted to amend the following:

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

Equestri Marketing, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

11983 SW 15 Street
Pembroke Pines, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

annelcise@me.com
annelcise@equestrimarketing.com

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:

Annelcise Sanchez

New Registered Office Address:

11983 SW 15 Street

Enter Florida street address

Pembroke Pines

City

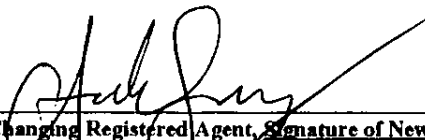
Florida

33025

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

STATE OF FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
3:45
15 MAR 2015

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 DIVISION OF REGISTRATION
 5 MAR 22 04 3: 05
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am requesting only the new company name to be changed: Equostri Marketing

Multiple horizontal lines for additional information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/08/2015

Handwritten signature of Annelise Sanchez

Signature of a member or authorized representative of a member

Annelise Sanchez

Typed or printed name of signee

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 15 MAY 22 PM 3:15 SECRETARY OF STATE TALLAHASSEE FLORIDA