

LB11031307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

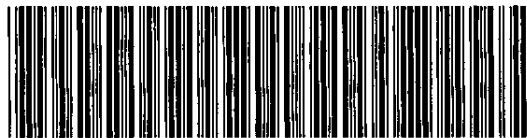
(Business Entity Name)

(Document Number)

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FILED  
2015 MAY 12 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 19 2015  
J. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THOROBRED FEED SALES 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:

CLAUDIA MONCARZ

Name of Person

MONCARZ LAW FIRM

Firm/Company

450 NORTH PARK ROAD, SUITE 801

Address

HOLLYWOOD, FLORIDA 33021

City/State and Zip Code

CLAUDIA@CLAUDIAMONCARZ.COM

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

For further information concerning this matter, please call:

CLAUDIA MONCARZ

Name of Person

786 541-2705  
at ( )

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

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2015 MAY 12 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

THOROBRED FEED SALES 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 2/19/2015 and assigned  
Florida document number L15000031307.

This amendment is submitted to amend the following:

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

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)**

259 EAST AVENUE

SARATOGA SPRINGS, NEW YORK 12866

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1150 E. HALLANDALE BEACH BLVD.

SUITE B

HALLANDALE BEACH, FLORIDA 33009

**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:

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GIUSEPPE J. IADISERNIA	20775 NW 17TH AVENUE	<input type="checkbox"/> Add
		MIAMI GARDEN, FLORIDA 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIREYA IADISERNIA	1150 E. HALLANDALE BEACH BLVD.	<input checked="" type="checkbox"/> Add
		SUITE B	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Change
MGR	GIT MANAGEMENT SERVICES	1150 E. HALLANDALE BEACH	<input type="checkbox"/> Add
	INC.	SUITE B	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

[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.

(b) The 90th day after the record is filed.

Dated MAY 11, 2015

Signature of a member or authorized representative of a member

CLAUDIA MONCARZ, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

**FILED**

2015 MAY 12 PM 5:06

CLERK OF DISTRICT COURT  
TALAHUESSSEE FLORIDA

Purchased to G-0207 (B)  
will not be listed as the  
on the earlier of: