119000113733

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EILED 2022 MAY 19 AM 9: 17 SECRETARY OF SIMILE

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
Wellingto	on Preserve Equestrian LLC			
SUBJECT:	on Preserve Equestrian LLC Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Susan Jewell			
		Name of Person		
	Wedge Associates LLC			
		Firm/Company		
	12180 South Shore Blvd.,	Suite 101A		
		Address		
	Wellington, FL 33414			
		City/State and Zip Code	 	
	admin@wedgeassociates.co			
		to be used for future annual report not	dication)	
For further information	concerning this matter, please c	all:		
Susan Jewell		at () Area Code Daytime Telephone Number		
Name	of Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7	rporations	

Tallahassee, FL 32303

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

FILED

Wellington Preserve Equestrian LLC

2022 HAY 19 AM 9: 1.7

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRE WARY OF STATE

The Articles of Organization for this Limited Liability Company	were filed on	10.13.2020	TALLAHASSEE, FL
Florida document number L15000113733			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	here:	
The new name must be distinguishable and contain the words "Limited Liabil:	ity Company," th	e designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		-	
			,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	r records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	··		
New Registered Office Address:			
	Enter Florida street address		
			FloridaZip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for it	of my duties n Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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	William J. Wedge, Esq.	12180 South Shore Blvd., #101A	■Add
		Wellington, FL 33414	□Remove
			□Remove
			Change
			□Add
			□Remove
			Change
		 	
			Change
			□Add
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fan effecti <u>Note:</u> If	the date inserted in this bloo	date of filing: be specific and cannot be prior to ck does not meet the applical partment of State's records.	o date of filing or more to the statutory filing rec	optional) han 90 days after filing.) quirements, this date	Pursuant to 605.0 will not be listed	0207 (d as t
e record s	• -	date, but not an effective tim	ne, at 12:01 a.m. on th	ne earlier of: (b) The	e 90th day after t	thc
		2022	\sim	1/201	\supset	
rd is filed	May 18	:				
rd is filed		Signature of a member or author	ized representative of a	member		

Filing Fee: \$25.00