## L15000150112

(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
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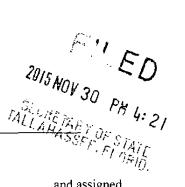
## **COVER LETTER**

ro:		istration Sec sion of Corp					
CHD	IECT.	North Star S	tables LLC				
Name of Limited Liability Company							
The e	enclosed	Articles of A	Amendment and fee(s) are subt	mitted for filing.			
Pleas	e return	all correspor	ndence concerning this matter t	to the following:			
			Sarah Russell				
				Name of Person			
			Sarah Russell Stables LLC				
				Firm/Company			
			29319 Hadlock Drive				
				Address			
			Wesley Chapel, FL 33544				
			7 - 100 but	City/State and Zip Code			
			sarahrussellstables@gmail.c				
			' E-mail address: (1	to be used for future annual report noti	fication)		
For f	urther i	nformation co	oncerning this matter, please ca	all:			
Sara	h Russe			810 955-5023 at ()			
		Name of	Person	Area Code Daytim	e Telephone Number		
Encl	osed is	a check for th	e following amount:				
<b>a</b> 9	\$25.00 F	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



North Star Stables 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 Lie	ability Company v	vere filed on	and assigned		
Florida document number L15000150112					
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
Sarah Russell Stables LLC					
The new name must be distinguishable and contain the we	ords "Limited Liabilit	y Company," the designation	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		29319 Hadlock Drive			
		Wesley Chapel, FL 33544			
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:			ords, enter the name of the new		
New Registered Office Address:	29319 Hadlock Drive				
	Enter Florida street address				
	Wesley Chapel		, Florida 33544 Zip Code		
		City	Zip Code		
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete j stered agent as p registered office (	performance of my dutie rovided for in Chapter (	es, and I am familiar with and 605, 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	Sarah Russell		Add
			☐ Remove
		29319 Hadlock Drive, Wesley	Chapal, FL 33544  Change
MGR	Ross Russell		□ Add
		29319 Hadlock Drive, Wesley	□ Remove
		29319 Hadlock Drive, Wesley	☐ Change
			□ Remove
			Change
			Change  Change
			□ Add
			☐ Remove
			☐ Change
	7.2		□ Add
			□ Remove
			☐ Change

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Effective date, i	f other than th	e date of fili	ng:			(optiona	l)	
If an effective date i Note: If the date	inserted in this b	lock does not	t meet the app	licable statutory				
document's effec	tive date on the l	Department of	f State's recore	ls.				
he record spec	ifies a delave	ed effective	e date, but i	not an effect	ive time, at	12:01 a.m	, on the ear	lier o
The 90th da					,			
_ Novembe	23		2015					
Dated			-, <u>Y</u>	·				
į	J/h	<u> </u>						
		Signature of	'a member or at	thorized represen	itativa of a memb	OF.		

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Filing Fee: \$25.00