LISCOM2198

Office Use Only



200279382222

12/04/15--01021--013 **25.00

2015 DEC -4 - 10: 05
SECRETARY OF STATE

DEC 07 2015 BRUCH

d

COVER LETTER

| | Registration Se Division of Cor | | | | | |
|-------------|------------------------------------|---|---|--|--------------------|--|
| CID IEC | | ESSAGE LLC | | | | |
| SUBJECT | Name of Limited Liability Company | | | | | |
| The enclose | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please retu | ırn all correspo | ndence concerning this matter | to the following: | | | |
| | | Elizabeth S. Niemi | | | | |
| | | · · · · · · · · · · · · · · · · · · · | Name of Person | | | |
| | | Niemi Dressage LLC | | | | |
| | | | Firm/Company | | | |
| | | 14107 Green Tree Drive | | | | |
| | Address | | | | | |
| | | Wellington, FL 33414 | | | | |
| | City/State and Zip Code | | | <u>ــــــــــــ</u> | | |
| | | elizabethniemi@aol.com | | 产品 | 2015 | |
| For furthe | r information co | E-mail address: (oncerning this matter, please co | to be used for future annual report notification) | AHAS | DEC - | |
| Elizabeth | S. Niemi | | 561 308-4078 | - 138 15 X X | 드 | |
| | Name of | f Person | Area Code Daytime Telepho | one Number | A 10: 05 | |
| Enclosed i | is a check for th | e 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 Fill Certificat Certified (additional | e of Stati Copy | |

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

| NIEMI DRESSAGE LLC | | | |
|---|---|--|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lim | ompany as it now appears on our rec nited Liability Company) | ords,) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on 9/24/2015 | and assigned | |
| Florida document number L15000162198 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limited</u> | liability company here: | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "I | LC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | · | |
| (Principal office address MUST BE A STREET ADDRES. | <u>s)</u> | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address | | SEGRETARY OF The name of the ords, enter t | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street add | dress | |
| | | | |
| | City | Florida 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> | Type of Action |
|--------------|----------------|------------------------|----------------------|
| СЕО | Niemi, Winston | 14107 Green Tree Drive | ☐ Add |
| | | Wellington, FL | ■ Remove |
| | | 33414 | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | ZI SECO GRemove |
| | | | Change |
| | | | FL S Godd O S Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |

| If amending any other information, enter change(s) b | | _ | |
|--|---------------------------------------|--|---------------------------------------|
| • | | | |
| _ <u></u> | · · · · · · · · · · · · · · · · · · · | | |
| | · | | |
| | | | |
| | | | 7 |
| | | | |
| | | _ | |
| | | | |
| | · | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | · · · · · · · · · · · · · · · · · · · |
| | · · · · · · · · · · · · · · · · · · · | | ····· |
| | | | |
| | | | |
| | | | |
| | | | 7 47 T |
| | | A | |
| | <u> </u> | (2) (3) | |
| 10/0/00 | 16 | <i>जिल्</i> | |
| Effective date, if other than the date of filing: 12/2/20 If an effective date is listed, the date must be specific and cannot be p | 15 | (optional) | |
| Note: If the date inserted in this block does not meet the application of the date inserted on the Department of State's reconstruction. | plicable statutory filin | ore than 90 days after hims g requirements, this date | will pot be listed as |
| ne record specifies a delayed effective date, but The 90th day after the record is filed. | not an effective t | ime, at 12:01 a.m. | on the earlier of |
| Dated December 2 , 2015 | •• | | |
| Elizabeth SW Gignature of a member or a | gnui authorized representative | of a member | · · · · · · · · · · · · · · · · · · · |
| | | | |
| Elizabeth S. Niemi | rinted name of signee | | |

Page 3 of 3

Filing Fee: \$25.00