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(Requestor's Name)	
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(Address)	
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(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦
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COVER LETTER

10:	Division of Co		•			
cun ira		NER STABLE LLC	•			
SUBJEC	ZI:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		DIANE GRENIER				
		,	Name of Person		.	
		THE CORNER STABLE	LLC			
		- <u>-</u>	Firm/Company			70
	14967 COLLECTING CANAL RD					11
Address						13 TH
LOXAHATCHEE, FL 33470						T FEB -6 PM 3: 18
			City/State and Zip Code		·····	立 い
		GRENIERDIANE10@YAI	HOO.COM to be used for future annual i		<u> </u>	~~
Con Curth	au information	concerning this matter, please c		report notification	,	•
		concerning this matter, please c				
DIANE	GRENIER		407 518 at ()	8-0777		_
	Name	of Person	Area Code	Daytime Telepl	hone Number	
Enclosed	l 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 enc		□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
	Regis Divisi	LING ADDRESS: tration Section ion of Corporations Box 6327	Registrat	F/COURIER AI ion Section of Corporations oulding	DDRESS:	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CORNER STABLE LLC		
(<u>Name</u> of the <u>Limited Linbi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/03/2015	and assigned
Florida document number L15000202126		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	TO FEB -6 PH 3: 8
•		PA THOU
Enter new mailing address, if applicable:		ي المالية
(Mailing address MAY BE A POST OFFICE BOX)		G J
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ater the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	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>	Address	Type of Action
AMBR	DIANE GRENIER	14967 COLLECTING CANAL RE	Add
			□ Remove
			Change
			□ Remove
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Tective date, if other than the date of filing: (optional)	(3

Page 3 of 3

Filing Fee: \$25.00