(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
		•			

Office Use Only



100279115271

03/14/16--01024--012 **30.00

MAR 1 5 2016 Y SULKER

COVER LETTER

Division of Corporations
SUBJECT: Carriganot Stables 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:
Grethen Arnot Waters
Carriganot States LC
5258 SW Cherotee St
Palm City F2 34990 City/State and Zip Code
E-mail address: (to be used for future annual poort notification)
For further information concerning this matter, please call:
Gretchen Arndt Wakers at (Sel) 200 8265 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Carriganott	ishilly Company as it now appears on our records			
(A.)	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabi Florida document number//		4/9	and ass	igned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>	;	<u>ත</u>	
			70	
		,	-	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent e address here:	er: the	US TO THE	of the new
Name of New Registered Agent:		Mex	29	
New Registered Office Address:	Enter Florida street address			
	. Florida			
-	City		n 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

It 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

Title Name Address Type of Action AMBR Gretchen Alexans 5258 SWChadleest _□ Change _□ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

_(EIN	#.	81-	15	70.	323)		
						•••			
		_ ,			 -				
		_		· 					
_						<u>.</u>		<u>.</u>	
						÷ 			
	•								
			-						
_						. <u></u>			
		-							
fective	date if oth	er than th	e date of filin	3	8/10	,	(0)	otional)	
ote: If	the date inse	rted in this b		meet the app	olicable statu	filing or more sutory filing re	han 90 days a	fter filing.) Purs	suant to 605.0207 (not be listed as th
recor The 9	d specifies Oth day af	a delaye ter the red	d effective cord is filed	date, but	not an eff	fective time	e, at 12:0	1 a.m. on t	he earlier of:
	Mar	ch_	9	<u>, 20/</u>	6.				
ated		ſ		. 7 . 4	_				
ited		nel	Signature of a	member or a	uthorized rep	resentative of a	member		

Page 3 of 3

Filing Fee: \$25.00