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SECRETARY OF STATE

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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Kirsch Eques	strian, LLC			
SCHOLET.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Kayla Kirsch			
Name of Person					
Kirsch Equestrian, LLC					
			Firm/Company		
		179 Via de la Reina			
			Address		
		Merritt Island, FL, 32953			
		attristat@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	ation)	三百五
For further in	nformation con	ncerning this matter, please co	all:		題量工
Kayla Kirsch	1		321 3013076 at ()		
	Name of	Person		Felephone Number	SE S
Enclosed is a	check for the	following amount:			5 8
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Kirsch Equestrian, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our recor- a Limited Liability Company)	11.)
The Articles of Organization for this Limited Liability (Company were filed on 2/4/2016	and assigned
Florida document number L16000021809	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Attristat, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	"Or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
		
		
Enter new mailing address, if applicable:		٠.
(Mailing address MAY BE A POST OFFICE BOX)		a make
		生命 皇 五
B. If amending the registered agent and/or regis	stered office address on our record	s, enter the name of the nev
registered agent and/or the new registered office add	lress here:	TATE IN
Name of New Registered Agent:		
Name of New Registered Agent.		<u> </u>
New Registered Office Address:		, , , , , , , , , , , , , , , , , , ,
	Enter Florida street addres	is
	, FI	orida
	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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			□ Change
	######################################		□ Add
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ective date, if other than the date of filing: offective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 if if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed imment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.				
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Filing Fee: \$25.00