

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

•



06/29/18--01005--015 **25.00

BUUR 18 PROVIDE TOS

N COOPER JUL 0.2 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDMARE EQUINE, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed or	02/23/2016 and assigned
L 160000 12633	(int int great
Florida document number	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>c</u>
	ເຮ ປະກ	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	661	-1 -
<u> </u>	<u></u>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		o <u>f the nev</u>

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
MGR	Jordan M Budowski	1532 US Highway 41 B Suite 286 Venice, FL 342	□ Change BS 23_□ Add
			🖶 Remove
AMBR	Jordan M. Budowski	1532 USHighway 41 BYP Suite 286 Venice FL 342	$\frac{193}{193} = Add$
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			🗖 Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)

 <u>.</u>
······································

0 JUN 29
PH 33:

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

June 25	2018
Dated	····
_\$	usan M. Budows (.
	Signature of a member or authorized representative of a member

Susan M. Budowski, Esq. -

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00