4 6000042633

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor	porations		
Redmare E	quine, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Susan Budowski		
	The Law Offices of Susan	Name of Person	
	The raw Offices of Susair	M. Dudowski, LLC	
		Firm/Company	
	871 Venetia Bay Blvd. Suite 202		
		Address	
·	Venice, Florida 34285		
	susan@susanbudowski.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Susan Budowski		407 745-0075	
Name o	f Person		: Telephone Number
Enclosed is a check for the	ne 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Redmare Equine, LLC			
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited I Torida document number 1.16000042633	Liability Company were filed o	on	_ and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liability compa	<u>my here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if appli	icable:		<u>_</u>
Principal office address MUST BE A STRE	ET ADDRESS)		18 SE
•			
			2 508
nter new mailing address, if applicable:		<u>-</u>	
Mailing address MAY BE A POST OFFICE	<u> </u>		7 57 7 57
. If amending the registered agent and egistered agent and/or the new registered of	•	ss on our records, <u>enter th</u>	e name of the
Name of New Registered Agent:			
New Registered Office Address:	871 Venetia Bay Blvd, Suite	202	
		ter Florida street address	
	Venice	, 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, 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
			□ Remove
			□ Change
			Add
			Remove
			Change
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fective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at $12:01$ The 90th day after the record is filed.	a.m. on the earlier c
September 7 2018	

Page 3 of 3

Filing Fee: \$25.00