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COVER LETTER

TO:

ΓO:	Registration Sec Division of Corp			
SUBJEC		quine Resort, LLC		
NO BJEC	61:		ted Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Felicity Waugh		
			Name of Person	
		K and W Equine Resort, L	LC	
			Firm/Company	
		12511 S.W. 13th Street		
			Address	
		Davie, Florida 33325		
		felifingers@comcast.net	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	her information c	oncerning this matter, please ca	all:	
Felicity	Waugh		954 439-5832 at ()	
	Nume o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K and W Equine Resort, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value document number <u>L16000042862</u> .	were filed on March 1, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7 85 411
		N N
		21 21
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maunig adaress MAT BE A FOST OFFICE BOX		2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	Zip Code

aw Registered Agent's Signature, if changing Registered Agent:

bereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	William Kaplan	12511 S.W. 13th Street, Davie, Flo	Add
			■ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
<u></u>			
			□ Remove
			Change

in the Company to Felicity Waugh. Felicity Waugh is now the only member of the Company.
only member of the Company.
2 An
981080 AUST

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Filing Fee: \$25.00