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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVER RIDGE TRANSPORT, LLC

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	•	COVER LETTER			
TO: Registration Se Division of Cor					
SUBJECT: SILVER R	RIDGE TRANSPORT, LLC				
SCHOLL:	Name of Lim	ited Liability Company	10 T T T T T T T T T T T T T T T T T T T		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:	•		
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.			<u>ਨ</u>	<u> 24</u>
		Firm/Company		AUG 24	1.6
	101 N. Brand Blvd., 11th Floor				
	Address				
	Glendale, CA 91203				
	City/State and Zip Code				
	faithbarrie24@yahoo.com			9	Ţ.,
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For further information of	oncerning this matter, please co	a]l:			
Cheyenne Moseley		800 773-0888 ex			
Name of	Person	Area Code Daytime	Telephone Numbur		
Enclosed is a check for th	e following amount:				
S25.00 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 enclose		

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

SILVER RIDGE TRANSPORT, LLC (Name of the Limited Liability Compa (A Florida Limited L	y as it now appears on our records.)	·
(A Florida Limited L	inbility Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/01/2016	and assigned
Florida document number L16000143477		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Silver Ridge Horse Transport, LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		また 一番
(Principal office address MUST BE A STREET ADDRESS)		
		4.2
		A CSE
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		the name of the new
NEW REXISTERED COLLEGES.	Enter Florida street uddress	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am rovided for in Chapier 605, F.S. Or	familiar with and , if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	authorized Member Name	<u>Address</u>	Type of Action
	1 1981	<u>names</u>	Type of Action
			□ Remove
			· · · · · · · · · · · · · · · · · · ·
			□ Add
			Remove
			2 53
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			☐ Remove
			□ Add
			□ Remove

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D. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
		
The effec	e date, if other than the date of filing:	
Dated _	August 22, 2016	
	Signature of a member or authorized representative of a member	
	Faith Elizabeth Barrie	· x
	Typed or printed name of signee	ve.

Page 3 of 3

Filing Fee: \$25.00

TALL ARASSEE, FLORID,