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(Requi	estor's Name)
(Addre	ess)	_
(Addre	:ss)	
(City/S	State/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	ame)
(Docu	ment Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUL 23 2018

COVER LETTER

	Registration Sec Division of Corp			
CHD IEC		Essentials LLC		
SUBJEC		Name of Limite	ed Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are subm	itted for filing.	
Please reu	urn all correspo	ndence concerning this matter to	the following:	
		Dianna B Bessinger		
			Name of Person	<u> </u>
		Sport Horse Essentials LLC		
		 	Firm/Company	
		303 Lazy Acres Lane		
			Address	
		Longwood, FL 32750		
			City/State and Zip Code	
		leah6515@gmail.com	be used for future annual report	noriAmation)
For furthe	r information co	n-man address, (to oncerning this matter, please call		Homeatony
Dianna B	essinger		407 252-220	
	Name of	f Person	Area Code Da	ytime Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

Sport Horse Essentials LLC			
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company)	irs on our records.)	
he Articles of Organization for this Limited L	.iability Company were filed on $\frac{\Delta}{2}$	rugust 5, 2016	and assigned
lorida document number L16000146971	,		
his amendment is submitted to amend the fol	lowing:		
. If amending name, <u>enter the new name (</u>	of the limited liability company b	<u>iere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abhr-	eviation "L.L.C."
nter new principal offices address, if appli	cable:		 2
Principal office address MUST BE A STREE	ET ADDRESS)		3
			<u> </u>
			- Far
nter new mailing address, if applicable:			CORPORA 2 AN 9:
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			28 28
 If amending the registered agent and egistered agent and/or the new registered or 		n our records, <u>enter t</u>	ne name of the n
Name of New Registered Agent:	Leah Rodolpho		
New Registered Office Address:	6515 Everingham Lane		
	Emer Fl	orida street address	
	Sanford	, Florida _ ³²⁷⁷	1
	Cuy		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
AMBR	Leah Rodolpho	6515 Everingham Lane, Sanford, F	
		-	☐ Remove
			Change
AMBR	Diana B Bessinger		
		303 Lazy Acres Lane, Longwood, I	≘ Remove
			□ Change
-			□ Add
			🗆 Remove
			Change
			□ Remove
			Change
			D Add
			☐ Remove
			Change
			□ Remove
			Change

Adding Leah Rodolpho as	Registered agent Article III and Article IV Title AR/AMB	
<u></u>		
		
		<u> </u>
		- Paris Company
		
		JUL 112: AM
		38
		9:
		
*		
ffective date, if other than th	date of filing:	(optional)
an effective date is listed, the date in	st be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requirem	days after filing.) Pursuant to 605.02
ocument's effective date on the l	epartment of State's records.	erns, this date will not be fisted
record specifies a delaye	d effective date, but not an effective time, at 1	12:01 a.m. on the earlier
The 90th day after the re	ora is mea.	
ated July 6	2018	
	··	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00