L16000165458

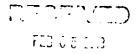
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COVER LETTER

TO: Registration So Division of Co			
	EN FIVE LLC		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gary Marano, Manager Name of Person HORSEMEN FIVE LLC Firm/Company 18277 SE Heritage Drive Address Tequesta, Florida 33469 City/State and Zip Code gmarano51@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary Marano 561 261-6600			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gary Marano, Manager		
		Name of Person	
	HORSEMEN FIVE LLC		
		Firm/Company	
-	18277 SE Heritage Drive		
		Address	
	Tequesta, Florida 33469		
		City/State and Zip Code	
For further information of			cation)
Gary Marano		561 261-6600 at (
Name o	d'Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

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

HORSEMEN FIVE LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L16000165458</u>	mpany were filed on <u>09/02/2016</u>	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite".	Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:			٦
(Principal office address MUST BE A STREET ADDRE		18 1	EC SEC
		83.	<u>₹</u> 8
		-2	
Enter new mailing address, if applicable:		≥	
(Mailing address MAY BE A POST OFFICE BOX)		~ <u>~</u>	<u> </u>
making duaress MAT BE A LOST OFFICE BOX		<u></u>	
		<u>.</u> ਪ	S m
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		he name of t	he new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		_
	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>	<u>Address</u>	Type of Action
AMBR	Stephen D. Berg	162 East Ave, Saratoga NY 12866	Add
			Remove
-			Change
			Add
			□ Remove
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Filing Fee: \$25.00