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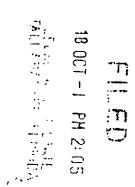
(Re	equestor's Name)	
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COVER LETTER

	Registration Se Division of Cor			
elib iec	Hoofbeats l	Equestrian Program LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Lauren Rinke		
		-	Name of Person	
		Hoofbeats Equestrian Prog	gram LLC	
			Firm/Company	
		824 Valparaiso Blvd		
		W	Address	
		Niceville, FL 32578		
			City/State and Zip Code	
		hbequestrianprogram@gma		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please ca	all:	
Lauren R	inke		850 218-6352 at ()_	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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 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

Hoofbeats Equestrian Program LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Company were filed on 09/28/2016	and assigned
Florida document number L16000180631	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office address MUST BE A STREET ADD	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		्र हा
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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
MGR	Caren Martino		
			LI Add
		1315 Windward Circle, Niceville, FL 32578	■ Remove
			Change
			O Add
			□ Remove
			□ Change
			BAdd -
			Remove
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ffective date, if other the an effective date is listed, the d	n the date of fili	ng:	or to date of fi	line or more tha	(option	e nal) filine) Po	rsuant to	5 605 H20
ote: If the date inserted in ocument's effective date on	this block does not	t meet the appl	icable statut	ory filing requ	rements, this	date will	not be	listed a
e record specifies a de The 90th day after th			ot an effe	ctive time,	at 12:01 a	.m. on	the ea	arlier (
September 27		2018	<u></u>					
			01/					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00