

L17000025401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

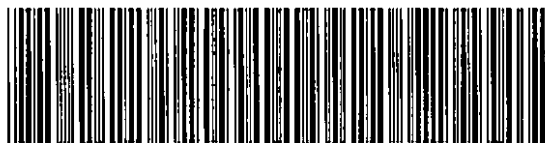
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQUUS ALLIANCE 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:

MAURICIO DEVRIENT
Name of Person

EQUUS ALLIANCE LLC
Firm/Company

826 DUVALL STATION RD
Address

GEORGETOWN, KY, 40324
City/State and Zip Code

mauriciodevrient@6mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICIO DEVRIENT at (561) 762 3269
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

EQUUS ALLIANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb-2-2017 and assigned Florida document number L17000025401.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

826 DUVALL STATION ROAD
GEORGETOWN, KY 40324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

826 DUVALL STATION Rd
GEORGETOWN, KY, 40324

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

Title	Name	Address	Type of Action
MGR	O'CONNOR CHARLIE	100 EAST MAIN ST.	<input type="checkbox"/> Add
		MIDWAY, KY, 40347	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MELISSA HORNING	826 DUVAL STATION RD	<input type="checkbox"/> Add
		GEORGETOWN, KY, 40324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July-18-2018.

2018

Manuel A.

Signature of a member or authorized representative of a member

MAURICIO DEVRIENT
Typed or printed name of signee