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	(Requestor's Name)
	(Address)
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D. SCOTT MAY 3 2017

COVER LETTER

TO: Registration Section Division of Corporations	or of the state of
SUBJECT: Haughton S	tables LLC
Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	-
Please return all correspondence concerning this matte	or to the following:
Thomas	Haughton Name of Person
Haugh	ton Stables LLC
3142 C	Rd Address
Loxaha	etchee FL 33470 City/State and Zip Code
Victory E-mail address	Darty on MSN. Constitute and a report notification)
For further information concerning this matter, please	call:
Thomas Haughton Name of Person	at (754) 26 425 44 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Tallabrasses FL 32301
•	Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tlaughton Stable	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L170005</u> 65	were filed on <u>Mar 10, 17</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A 聖言コ
(Principal office address MUST BE A STREET ADDRESS)	SS I
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A CONTRACTOR OF THE STATE OF
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent: Thor	nas Haughton
New Registered Office Address: 3142	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

11

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** _□ Add _□ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove _□ Add _□ Remove

_□ Change

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	SSE
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at	etional) Pursuant to 605 0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will hot be listed as
	37
he record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	a.m. on the earlier o
The 90th day after the record is filed.	
Dated, 2017.	
Signature of a member or authorized representative of a member	
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Page 3 of 3

Filing Fee: \$25.00