## L17000152138

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	MAIL	
(Business Entity Name)		
(Document Number)  Certified Copies Certificates of States	US	
Special Instructions to Filing Officer:		
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SADDLE UP PAF	TNERS LLC				
(Name of the Limited	Liability Comp Florida Limited	any as it now app Liability Company	ears on our records.)		
The Articles of Organization for this Limited Lia Florida document number	bility Compan	y were filed on _	07/17/2017	and assigned	
This amendment is submitted to amend the follow	 <b>vi</b> ng:				
A. If amending name, enter the new name of	he limited lia	bility company	here:		n
N/A				171	1
The new name must be distinguishable and contain the wo	rds "Limited Liab	oility Company," th	c designation "LLC" or the	abbreviation "LLC"	ř
Enter new principal offices address, if applica	 ble:	N/A		20	, i. (
(Principal office address MUST BE A STREET	ADDRESS)	···			3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	N/A		<u>វា</u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi			on our records, ent	er the name of the nev	<u>₩</u>
Name of New Registered Agent:	SPIEGAL &	UTRERA, P.A.			
New Registered Office Address:	1840 SW 22	STREET, 4TH			
		Enter i	Florida street address	204.45	
	MIAMI		, Florida	33145	
,		City		7.ip 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

Page 1 of 3

Utrora, PA

If amendin or removed	g Authorized Person(s) authorized	to manage, enter the title, name, and addr	ess of each person being adde
MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TRAVIS BARR	100 N ORANGE AVE	Add
		ORLANDO, FL 32801	■ Remove
			Change
AMBR	PRESTON RIDGE INC	100 N ORANGE AVE	■ Add
		ORLANDO, FL 32801	□ Remove
			□ Change
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f amending any other i N/A				
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fective date, if other the	an the date of	filin <b>g:</b>	11/7/17 (optional)	
Me. If the date inscribe it	i mus block dock	noi me	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, et the applicable statutory filing requirements, this date will not be liste	0200 d as
cument's effective date o	n the Departmen	of Sta	te's records.	
record specifies a d	elayed offecti			
The 90th day after the	ne record is fi	led.	te, but not an effective time, at 12:01 a.m. on the earlie	ro
ted [] [14]			2017	
1		/ ]		
<del></del>	Signature	of a me	mber or authorized representative of a member	
	( Caris	<u> 15  </u>	yped or printed name of signee	
		i i	1 white name of signer	