L17000196742

	(Requestor's Name)
	(Address)
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PICK-UP	WAIT MAIL
1	(Business Entity Name)
	(Document Number)
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SECHSTARY OF STATE DIVISION OF CORPONACIONS

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations			
alib in ar		quine, LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Sarah S. Butters			
			Name of Person		
		Ausley & McMullen, P.A.			
			Firm/Company		
		123 S. Calhoun Street			
			Address		
		Tallahassee, FL 32301			
			City/State and Zip Code		
		sbutters@ausley.com			
		E-mail address: (to be used for future annual report no	otification)	
For further in	iformation c	oncerning this matter, please ca	all:		
Michelle Ma	loni		850 425-5442		
	Name o	f Person		me Telephone Number	
Enclosed is a	check for th	ne following amount:			
% \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Addres		Street Address: Registration S	Section	
		Corporations	Division of Co		
). Box 632	-	The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DIVISION OF CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Williams Equine, LLC					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Company Florida document number L17000196742	y were filed on September 21	. 2017 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2731 Ten Mile Road				
(Principal office address MUST BE A STREET ADDRESS)	Pace, Florida 32571	····			
		2023 A			
Enter new mailing address, if applicable:	2731 Ten Mile Road	AUG			
(Mailing address MAY BE A POST OFFICE BOX)	Pace, Florida 32571	22			
		<u> </u>			
		72 PA			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street aa	ldress			
	Florida				
	Cuy	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties	, and I am familiar with and			

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
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			Remove
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Filing Fee: \$25.00