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SEGNESARY OF STATE TALLAHASSEE, FL

C GOLDEN

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Mara	nth Farm	& Stables L	<u>Lc</u>
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Teresita	Hernand Name of Person	eZ
		Firm/Company	
	155905	W 26 Terrac	<u>e</u>
	Miami	FL 33185 City/State and Zip Code	
-	E-mail address: (t	o be used for future annual report no	stification)
For further information conce	erning this matter, please ca	II:	
Ryan Pa Name of Per	scual	at (<u>305</u>) <u>467</u> Area Code Dayti	me Telephone Number
Enclosed is a check for the fe	ollowing amount:		
S25.00 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

FILED

2018 NOV 19 AM 9: 06

Maranth Farm & Stables, LLC SUSTABLY (Name of the Limited Liability Company as it now appears on our records.) IALLAHAS (A Florida Limited Liability Company)	OF STATE
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/11/17}{}$ and a	ssigned
Florida document number <u>L 17000252626</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Maranatha Farm & Stables, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
B. If amending the registered agent and/or registered office address on our records, <u>enter the nam</u> registered agent and/or the new registered office address here:	e of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, Zip Coa	
·	ι,
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to cor provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w	aply with the rith and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action	
			Add	
			□ Remove	
			Change	
				
			□ Remove	
		☐ Change		
			□ Add	
		Remove		
			☐ Change	
			☐ Remove	
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 15,2018 Signature of almember of authorized representative of a member
	Teresita j. Hernandez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00