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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alpha + Omega Racing Stable Name of Limited Lightlity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rita Fastiggi Name of Porson
Firm/Company
4375 Neff Lake Rd.
Brooksville, FL. 34601 City/State and Zip Code
Southland ritu @ aol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person J at (352) 544-5764 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

Florida document number <u>L</u> 180000 150 99 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Alpha and Omega Racing Stable LLC

The new mame 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, 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

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				
<u>Title</u>	Name	Address	Type of Action	
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			Remove a	
			Change	

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	r.)	
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Effective date, if other than the date of filing: 1/24/2018 (optional)	`	_
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	;) Pursuant to 60 : will not be lis	05.0207 (3)(t sted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the ear	lier of:
Dated January 24 2018. Plu Tustes Signature of a member or authorized representative of a member	18 JAN	SECRET SIVISION C
RITU Fastiggi Typed of printed name of signee	JAN 29 PM 3	FILED ARY OF SIJ F CORPORE
	3: 2 6	ATIONS

Page 3 of 3

Filing Fee: \$25.00