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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	y/State/Zip/Phone	e #)
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J. LEGGETT MAR 2 6 2018

COVER LETTER

TO: Registration Sec Division of Corp			vý
SUBJECT: SO	venth Chukke Name of Limi	r.Partners, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jaymie	Klauber Name of Person	
	EPICEQ	Solne Expenence Firm/Company	2 5
	8272 W	Intskey Pond Lan	ne
	Sarasot	a, FL 34240 City/State and Zip Code Klauber agmail to be used for future annual eport notifi	***************************************
	jaymie	Klayber a gmail	· COM
For further information co	oncerning this matter, please ca		cation)
Jaynie Name of	B Klauber Person	at (941) 705 - Area Code Daytime	3884 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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

Seventh Chukker Portners, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	npany were filed on Fel	orvary 22,	2010 ar	ıd assi	igned	
Florida document number <u>L18000048</u> 1	37	-				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	d liability company here:					
EDIC FALLING EXPERIENCE	25.11.6					
Epic Equine Experience The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the a	bbreviati	on "L.l	L.C."	-
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRES	<u> </u>					_
						-
			1 7	<u></u>		
Enter new mailing address, if applicable:	22					
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>			-
			<u>-</u> i, .		11.	_
			- 1/1			
B. If amending the registered agent and/or register		ır records, <u>enter</u>	the n	ame	of the	new
registered agent and/or the new registered office addres	s nere:		, T. C.			
N CN D						
Name of New Registered Agent:						-
New Registered Office Address:	E . E . H				·	_
	Enter Florida .	street adaress				
	O:a.	, Florida	7:-	Code		_
	City		Zip	Coge		
New Registered Agent's Signature, if changing Registered A						
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my nt as provided for in Cha	duties, and I am pter 605, F.S. Or	familia r, if this	ar witi : docu	h and ment is	
ì	If Changing Registered Agent,	, <u>Signature of New R</u>	legistere	d Agen	<u></u>	

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
MGR	Stuart Campbell	379 Peacemaker Rd Monticello, FL 30344	Add
		MONITURE 30.344	Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			🗖 Add
			Remove
			Change
			
			Remove
			Change

The	ord specifies a delayed effective date, but not an effective time, at 12:090th day after the record is filed.	or a.m. on t	ne earli	ier Of
f an eff Note: docum	ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days lift the date inserted in this block does not meet the applicable statutory filing requirements ent's effective date on the Department of State's records.	after filing.) Pure, this date will	not be list	ted as
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Filing Fee: \$25.00