# L18000113316

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJ	Winning E	dge Equine Therapy and Bo	parding LLC	
		Name of Lim	ited Liability Company	
The er	aclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Marianne L. Maust		
		Winning Edge Equine T	Name of Person herapy and Boarding LLC	
		10040 County Bood 045	Firm/Company	
		12943 County Road 245	DE	
		Oxford, Florida, 34484	Address	
		keepingthemonthetrack@	City/State and Zip Code	
			to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please c	all:	
Maria	nne L. Maust		614 323-4016 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for t	he following amount:		,
<b>■</b> \$2	5.00 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

Winning Edge Equine Therapy and Boarding 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 Company were filed on May 04, 2018 and assigned Florida document number <u>L18</u>000113316 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Winning Edge Farm LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

.MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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record specifies a The 90th day after			out not an effe	ective time, at	12:01 a.m. oi	n the earlier
August 20		2018	3			
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Filing Fee: \$25.00

Typed or printed name of signee