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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CMB EQUINE THERAPY LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMB Equine Therapy LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our recor Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/16/2018	and assigned
Florida document number L18000122563	- ∴	
This amendment is submitted to amend the following:		三 <u>多</u>
A. If amending name, enter the new name of the limit		高いて
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LL	C" or the abbreviation "L.D.E"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our recor- ress here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	· vo v
	, I	Florida
	City	Zip Code

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
AMBR	Chloe Bradley	6211 SW 38th Court	
		Davie, FL 33314	☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Solid PAddTI
			France 26
			☐ Change
			☐ Add
			Remove
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			☐ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date ie: If the date inserted in this block does not meet the applicable signment's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.03 (attutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
August 13 , 2018	
	> ,

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