L18000162847

(Requestor's Name)
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2020 OCT 26 PM 3: 23

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COVER LETTER

TO: Registration Se Division of Cor		•	
	ROCK THOROUGHBREDS L		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	KARLA RENGIFO		
		Name of Person	
		Firm/Company	
	2600 SW 10TH ST APT 80)7	
		Address	
	OCALA, FL 34471		
	KARLA_60_1999@HOTM	City/State and Zip Code AIL.COM o be used for future annual repo	ort natification)
For further information of	concerning this matter, please ca		in notification,
KARLA RENGIFO		352 843-14	
Name o	of Person	Area Code E	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Addr</u> Registratio	
Division of O P.O. Box 632	Corporations	Division o	f Corporations e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GOLDEN ROCK THOROUGHBREDS LLC

2020 OCT 26 PM 3: 23

(Name of the Print	(A Florida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL	
The Articles of Organization for this Limited L.	iability Company were filed on 07/05/2	2018 and assig	gned
lorida document number L18000162847	,		
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	of the limited liability company here:		
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)	·	
The state of the s			
3. If amending the registered agent and/or igent and/or the new registered office addre		rds, <u>enter the name of the new</u>	regi
Name of New Registered Agent:	KARLA RENGIFO		
New Registered Office Address:	2600 SW 10TH ST APT 807		
THE THE STATE OF THE	Enter Florida	street address	
	OCALA	, Florida 3471	
	City	Zip Code	
	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>	<u>Name</u>	Address	Type of Action
AMBR	KARLA RENGIFO	2600 SW 10TH ST APT 807	\exists Add
		OCALA, FL 34471	□Remove
			□Change
			□Add
			🗀 Remove
			Change
			
			□Remove
			Change
			□Add
			□Remove
			□Change
			[]Add
			🗀 Remove
			Change
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		A	□Remove
			☐ Change

Effective date, if other than the date of filing: In 19/19/2020 (optional) In a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursus Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d is filed.	Pursuant to 605.0207				
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Dated					(b) The same day area and
Dated		10/19	2020		
		ated			
Carto		Vacato			
Signature of a member or authorized representative of a member		Signate	ire of a member or authoriz	I representative of a member	