

L18000 163226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

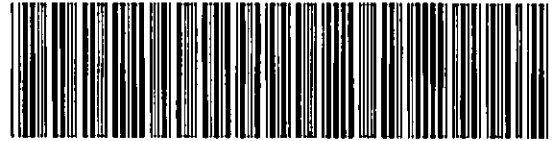
(Business Entity Name)

(Document Number)

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2020 NOV 16 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FL

LA 12/18/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Saddle Up Horse Products LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Corner

Name of Person

Askbsquared

Firm/Company

8317 Front Beach Rd. Ste 8C2

Address

Panama City Beach, FL 32407

City/State and Zip Code

lisa@askbsquared.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ella Frank

at (618) 791-1526

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Saddle Up Horse Products, 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 07/05/2018 and assigned
Florida document number L18000163226.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This is a name change for the member, as she got married. I have attached a copy of her marriage license.

[illegible]

E. Effective date, if other than the date of filing: _____ (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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 1, 2020

CCA From

Signature of a member or authorized representative of a member

Ella Frank

Typed or printed name of signer

Filing Fee: \$25.00

Department of Health - Office of Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

GRANT MALOY, SEMINOLE COUNTY
CLERK OF CIRCUIT COURT & COMPTROLLER
CFN# 2019108484 Bk:9451 Page:1840 (1Pgs)
REC: 10/04/2019 1:04:49 PM by jeckenroth
RECORDING FEES \$0.00

19-1049

(APPLICATION NUMBER)

APPLICATION TO MARRY

1 NAME OF SPOUSE (First, Middle, Last) RYAN JOSEPH FRANK		1b MAIDEN SURNAME (if applicable)		2 DATE OF BIRTH (Month, Day, Year) 12/19/1981	
3a RESIDENCE - CITY, TOWN, OR LOCATION 625 EQUESTRIENNE CLUB LN LONGWOOD		3b COUNTY SEMINOLE		3c STATE FLORIDA 32750	
4 NAME OF SPOUSE (First, Middle, Last) ELLA MARIE SAMUEL		4b MAIDEN SURNAME (if applicable)		4 DATE OF BIRTH (Month, Day, Year) 01/25/1986	
5a RESIDENCE - CITY, TOWN, OR LOCATION 625 EQUESTRIENNE CLUB LN LONGWOOD		5b COUNTY SEMINOLE		5c STATE FLORIDA 32750	
6a RESIDENCE - CITY, TOWN, OR LOCATION 625 EQUESTRIENNE CLUB LN LONGWOOD		6b COUNTY SEMINOLE		6c STATE FLORIDA 32750	
6d BIRTHPLACE (State or Foreign Country) MISSOURI		6e BIRTHPLACE (State or Foreign Country) ILLINOIS			
<p>WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY</p>					
9 SIGNATURE OF SPOUSE (Sign all name using black ink) <i>[Signature]</i>		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/30/2019			
11 TITLE OF OFFICIAL DEPUTY CLERK		12 SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>			
13 SIGNATURE OF SPOUSE (Sign all name using black ink) <i>[Signature]</i>		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/30/2019			
15 TITLE OF OFFICIAL DEPUTY CLERK		16 SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>			
LICENSE TO MARRY					
<p>AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID</p>					
17 COUNTY ISSUING LICENSE SEMINOLE		18 DATE LICENSE ISSUED 09/30/2019		19 EXPIRATION DATE 11/29/2019	
20a SIGNATURE OF COURT CLERK OR JUDGE GRANT MALOY, CLERK OF THE CIRCUIT COURT & COMPTROLLER BY <i>[Signature]</i> D.C.		20b TITLE DEPUTY CLERK		20c BY D.C. SSF	
CERTIFICATE OF MARRIAGE					
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.					
21 DATE OF MARRIAGE (Month, Day, Year) 10/03/2019		22 CITY, TOWN OR LOCATION OF MARRIAGE SANFORD, FL			
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c ADDRESS (Of person performing ceremony) 301 N. PARK AVENUE SANFORD, FL 32771			
23b NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) SYLVIA A. THOMAS DEPUTY CLERK		24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>			
		25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>			

CERTIFIED COPY - GRANT MALOY
CLERK OF CIRCUIT COURT & COMPTROLLER
10-9-2019
[Signature] DEPUTY CLERK