LIS000 323000

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2020

RITA HUTTER PGH TRUST 1745 OLD DIXIE HWY VERO BEACH, FL 32960

SUBJECT: EQUESTRIAN ACRES AT POLO SQUARE LLC

Ref. Number: L18000223000

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00022841

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Division of Company to a D.O. DOV 2007 T. D. J. DOS

COVER LETTER

Registration Section **Division of Corporations**

Tallahassee, FL 32314

TO:

EQUESTR	IAN ACRES AT POLO SQU.	ARE LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	RITA HUTTER				
	Name of Person				
	PGH TRUST				
	Firm/Company				
	1745 OLD DIXIE HWY				
Address					
	VERO BEACH, FL 3296	0			
		City/State and Zip Code			
	myhomes13@gmail.com	(a-1			
T		to be used for future annual report no	(Hication)		
For further information c	concerning this matter, please of	all:			
RITA HUTTER		772 778-5225 at ()			
Name o	f Person		me Telephone Number		
Enclosed is a check for the	he 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:		Street Address:			
Registration Section Division of Corporations		Registration Se Division of Co			
P.O. Box 6327			The Centre of Tallahassee		
Tollahasaaa El 20214		2415 31 34	0 0 . 010		

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUESTRIAN ACRES AT POLO SQUARE LLC	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Co	v appears on our records.) mpany)
ne Articles of Organization for this Limited Liability Company were filed	d on and assigned
orida document number L18000223000	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	pany here:
UN DANCER FARM LLC	
ne new name must be distinguishable and contain the words "Limited Liability Compar	y," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u>ب</u> ده
	7.E.D. D.E.C.
	EC E
	ပ
nter new mailing address, if applicable:	P
Aailing address MAY BE A POST OFFICE BOX)	unit i i
	් ය
. If amending the registered agent and/or registered office address ogent and/or the new registered office address here:	n our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
E	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGL	Dila Hetre	1745. Old Turtly Yeng Breach	[ZS Âdd
			□Remove
			□Change
<u>AMBI</u>	PETER GHUTIER	1745. Old Dixie Huy CroBead	
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			
			□Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 JUNE 30 2020

Typed or printed name of signee

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

RITA HUTTER