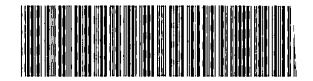
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Oco la Equestica Academy 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:	
Name of Person	
727 (1 1 1 H 773	
333 Colony Blue #333	
The Villages FL 37162 City/State and Zip Code	
thederegnan courts of anal- Com. E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (352) ZO5 - 9491  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status \$\Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$6	
MAILING ADDRESS. CTREET/CAUDIED ADDRESS.	

MAILING ADDRESS:

**Registration Section** 

TO:

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

## TO ARTICLES OF ORGANIZATION

	<b>A</b>
Ocala Equestrials  (Name of the Limited Liability Co	Frademy LIC
(Name of the Limited Liability Co	mpany as it now appears on our records.)
(A Florida Lim	ited Liability Company)

The Articles of Organization for this Limited Liability C	ompany were filed on	4.26-2019	_ and assi
Florida document number <u>L 19000 11 45</u>	<b>10</b>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company h	ere:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the c	lesignation "LLC" or the abbre	viation "L.L.(
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	PESS)		Sight of Control 4: 50
			<u>구</u> 유
			PK 4:
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			50 Tich
B. If amending the registered agent and/or regis		our records, enter the	e name of t
registered agent and/or the new registered office addi	iess nere.		
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Registered	i Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 1 or removed from our records: MGR = Manager AMBR = Authorized Member Type of <u>Address</u> **Title Name** Robert DeRegnaucourt 50991110 120th St - Add Reddick FL 32686 Rem ☐ Chan 5099 NW 120th St DAdd MGR Janel Mack Reddick Fl 32686 NRemo ☐ Chang □ Add □ Remove Change □ Add ☐ Remove □ Change □ Add ☐ Remove \_□ Change ☐ Remove

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1). If amending any other information, enter change(s) here: (Maden datational sneets, if necessary)

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Filing Fee: \$25.00