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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Sevi	n Dan 1	17/25 1-6	
<u> </u>	Name of Lim	ited Liability Company	, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Thevin 9	Name of Person	
	Jens Dr. by	Firm/Company	
	1350 C	Address	
	LoxahAhre	FL 33470 City/State and Zip Code	······
	HB5 A for	to be used for future annual report notif	ication)
For further information cor	cerning this matter, please ca	ali:	
Theun Gol	V-Jon Terson	at (<u>561</u>) <u>301-</u> Area Code Daytime	3539 Telephone Number
Enclosed is a check for the	_		
\$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)
Mailina Address		Street Address	

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

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Geven Daisy	Stables	LLC)r 02f	77
(Name of the Limited	d Liability Company as it A Florida Limited Liability	t now appears on our rec v Company)	ords.)	28	
The Articles of Organization for this Limited Lia Florida document number <u>L 19 000 26</u>		filed on $\frac{D}{2}$	1/2019	and ssi	gu cq)
This amendment is submitted to amend the follow	wing:		<u> </u>	· ·	
A. If amending name, enter the new name of	the limited liability co	ompany here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Con	npany," the designation "I	.LC" or the abbr	reviation "L.1	C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			 -	
re a company of the state of th		_			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>				
Maning duaress MAT BE AT UST OFFICE B	<u> </u>				
					·
B. If amending the registered agent and/or reagent and/or the new registered office address		ss on our records, <u>ent</u>	ter the name	of the new	registered
Name of New Registered Agent:	Thevin	Saxton	,		
New Registered Office Address:	1350	(thord			
	Loxahata	Enter Florida street ada CC	dress Florida	334F	0
	C	ity		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>	Address	Type of Action
AR	Theun Exten	1350 C Frond	
		Loxula Johnes FL 339 Fb	Remove
			□Change
AR	Trace Exton	1350 (Pm)	□Adđ
		Loxahother FL 3345	OZRemove
AMBR	Saxton Family Panch, LLC	1350 C Road	
		Loxuhother, Fl 33470	□Remove
			Change
			🗆 Add
			□Remove
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(If an eff Note:	tive date, if other than the date of filing:
ne recor ord is til	rd 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 fled.
Dated ,	Tis/y 24 2020.
	Signature of a member or authorized representative of a member
	Their Sixtur

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