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Amend

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COVER LETTER

TO:

Registration Section

Division of Co	rporations		•	
	Equine Prodects LLC		-~ *	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Bridget L Brunson			
		Name of Person		
	Embrace Equine Products	LLC	r filing. lowing: me of Person rm/Company Address ate and Zip Code n for future annual report notification) 941 737-8150 1 (
		Firm/Company		
	10519 SW 74th Ct.			
		Address	 	
Ocala, FL 34476				
		City/State and Zip Code		
	EmbraceEquineProducts@0			
	E-mail address: (to be used for future annual report noti	lication)	
For further information	concerning this matter, please c	all:		
Bridget Brunson		941 737-8150 at ()		
Name	of Person		e 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)	Certificate of Status & Certified Copy	
Mailing Addre				
Registration Section				
Division of Corporations P.O. Box 6327				
Tallahassee,	FL 32314		,	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Embrace Equine 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 3/30/2020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10519 SW 74th Ct Enter new principal offices address, if applicable: Ocala, FL 34476 (Principal office address MUST BE A STREET ADDRESS) 10519 SW 74th Ct. Enter new mailing address, if applicable: Ocala, FL 34476 (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: Bridget L Brunson Name of New Registered Agent: 10519 SW 74th Ct. New Registered Office Address: Enter Florida street address , Florida 34476 Zip Code Ocala

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.

City

Brunson

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
MGR	Charlotte A Brunson	7459 NW 193rd St., Micanopy, FL 32667	□Add
			≅Remove
			□ Change
MGR Bridget L Brunson	Bridget L Brunson	10519 SW 74th Ct, Ocala, FL 34476	≣Add
			□Remove
			☐ Change
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ffective date, if other than th			_ (optional)
			lays after filing.) Pursuant to 605.0207 (ents, this date will not be listed as t
ocument's effective date on the l			
	ve date, but not an effective	time, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
d is filed.			
Dated March 30	2020		
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	Bridge	t & Brillingor. horized representative of a membe)
	Signature of a member or/aut	horized representative of a membe	τ

Typed or printed name of signee