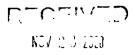
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

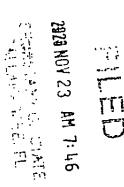
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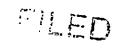
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COVER LETTER

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SUBJECT		iks Stables LLC		
SUBJECT	l:		ited Liability Company	
The enclos	sed Articles of	Amendment and fects) are sub-	mitted for filing	
		ndence concerning this matter		
		Vanessa Eisenhauer		
			Name of Person	
			Firm/Company	
		3760 SW 65th Street		
			Address	
		Trenton, Florida	Street Address da City/State and Zip Code Datt.net and address: (to be used for future annual report notification) ter, please call: at (720) 320-1908 at (
			City/State and Zip Code	
		wandering.star@att.net	to be for the form	Dominio S
For further	r information c	oncerning this matter, please c	·	incaron)
Vanessa E	Eisenhauer		1 = 1	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ce following amount:		
□ \$25,00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	<u>lailing Addres</u> Legistration S		<u>Street Address:</u> Registration Se	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, I		The Centre of 7 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Majestic Oaks Stables 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 July 15, 2020 and assigned Florida document number <u>L200005337</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Majestic Oak Stables LLC 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

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.

____, Florida _____ Zip Code 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

FILED

<u>Title</u>	Name	Address	2328 NOV 23 AM 7: 46	Type of Action
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e record specifies a delard is filed.		not an effective	e time, at 12:01	a.m. on the ea	irlier of: (b) T	The 90th day after the
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