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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: The Dressage Store 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:
Tesia de Lange yame of Person
1891 AVGUSTINE Rd APT 306 Address
West palm beach FL 33414  City/State and Zip Code  Testagae Lange @ icloud. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at () 914 525 2075 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing 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

The Dres	ssage Store	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 4/02/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		5 7 T
(Principal office address MUST BE A STREET ADDR	RESS)	7.5.
		3 3
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		)»
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida Zw 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 Title Name **Address** Type of Action Tesia de Lange □Remove \_ □Change \_\_ □Add \_\_\_\_\_ □Change \_\_\_\_\_\_ □ Add

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