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COVER LETTER

FO: Registration ! Division of Co			
SUBJECT: Equitime	LI.C		•
	Name of Lin	uited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Taryn Hartnett		
		Name of Person	
	Chapman Law Group, PL		
		Firm/Company	
	12008 South Shore Blvd.,	Ste 105	<u> </u>
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	
	teh@chapmanlawgroup.net E-mail address: (to be used for future annual report notit	fication)
For further information	concerning this matter, please of	all:	
Taryn Hartnett		at (561) 753-5996	
Name	of Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M</u> ailing Addr	ess:	Street Address:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Equitine LLC (Name of the Limited Liability Com	nany as it now appears on our records.)	
(A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on September 14, 2020	and assigned
Florida document number <u>L20000287925</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LEC" or the	abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020 DEG
		: F M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chaz Harpman	12497 World Cup Lane	□Add
		Wellington, FL	■Remove
			□Change
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Note: If the	ate, if other than the date is listed, the date in date in this effective date on the	block does not	meet the appli-	cable statutory	g or more than 90 filing requiren	(optional) days after filing nents, this date	.) Pursuant to 60 will not be lis)5.0207 (sted as 1
the record spec cord is filed.	ities a delayed effec	tive date, but no	ot an effective (time, at 12:01	a.m. on the earl	ier of: (b) - TI	ie 90th day aft	ter the
Dated Dece	mber 10		, 2020	·				
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