120000299382

| (Requ | uestor's Name) | |
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| (Addr | ress) | |
| - (Äddr | ress) | |
| (City/ | /State/Zip/Phone | · #) |
| PICK-UP | MAIT | MAIL |
| (Busi | ness Entity Nam | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | iling Officer: | |
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 11/29/2021 | _ | |
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| Real D | NAME Real Deal Ponies, LLC | |
| ENTITY NAME (CONT.) | ear romes, LLC | |
| DOCUMENT NUMBER_ | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| XXXXXX | Plain Copy | |
| | Certified Copy | |
| | Certificate of Status | |
| ** | PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** | |
| | Certified Copy of Arts & Amendments | |
| | Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINAT | TION | |
| NUMBER OF CERTIFICA | TES REQUESTED | |
| TOTAL OWED \$25 | ACCOUNT #: I201600000 |)72 |

COVER LETTER

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| | Ponies, LLC | | |
| 30BJEC1 | Name of Lim | nited Liability Company | |
| The state of the state of | | | |
| | Amendment and fee(s) are sub | - | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Stefanic B. Mazer | | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | Real Deal Ponies, LLC | | |
| | | Firm/Company | |
| | 16155 Norris Road | | |
| | | Address | |
| | Loxahatchee, FL 33470 | | |
| | | City/State and Zip Code | |
| | E-mail address: (i | to be used for future annual report notificat | tion) |
| For further information of | oncerning this matter, please ca | all: | |
| Stefanie B. Mazer | | 561 346-4228 at () | |
| Name o | f Person | Area Code Daytime Te | elephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 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) |
| Mailing Addres Registration S | | Street Address: Registration Section | on |

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

Real Deal Ponies, 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 10/01/2020 and assigned Florida document number L20000299382 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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.

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> | Name | Address | Type of Action |
|--------------|---------------|-----------------------|------------------|
| AMBR | Ivan Rakowsky | 1496 White Pine Drive | |
| | | Wellington, FL 33414 | □ Remove |
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| ffective date, if other to an effective date is listed, the iote: If the date inserted ocument's effective date | e date must be specif in this block does | fic and cannot be pr not meet the app | licable statutory | or more than 90 day | (optional) s after filing.) Pur s, this date will | suant to 605.020 not be listed a |
| record specifies a delayer | l effective date, bu | ut not an effective | time, at 12:01 a | .m. on the earlier | of: (b) The 90 | th day after th |
| is filed. | | | | | | |
| ated November 29 | | 2021 | · | | | |
| ated November 29 | in May | of a member or au | · | | | |

Filing Fee: \$25.00