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(Ře	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP		MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
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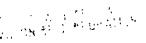
Registration Section

TO:

Division of Cor	porations	•	
	EQUESTRIAN, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
riease teturi an correspo	ndence concerning this matter	to the tonowing.	
	ROXY LEYSHON		
		Name of Person	
	LEYSHON EQUESTRIA	N, LLC	
		Firm/Company	
	5000 NW 35th Lane Rd		
		Address	
	Ocala, FL 34482		
		City/State and Zip Code	
	roxy@leyshonequestrian.co		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ROXY LEYSHON		561 566 8339	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sound Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	raffanassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND A CONTROL OF THE PROPERTY OF THE



21 JUL 15 PH 12: 21

LEYSHON EQUESTRIAN, 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 Co Florida document number <u>L20000307908</u>	ompany wo	ere filed on 09/29/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	5000 NW 35th Lane Rd	
(Principal office address MUST BE A STREET ADDRESS)		Ocala, FL 34482	
Enter new mailing address, if applicable:	- :	5000 NW 35th Lane Rd	
(Mailing address MAY BE A POST OFFICE BOX)		Ocala, FL 34482	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office add	lress on our records, <u>enter the n</u>	ame of the new registered
5000	NW 35th La	no Rai	
New Registered Office Address:	r er Juli La	Enter Florida street address	
Ocala		, Florida	34482
		City	Zip Code
Name Danistana de La Ciana de la la Región Danistana	d tasati		

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:

	uthorized Member	21 JUL 16 PH12: 21	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROXY LEYSHON	5000 NW 35th Lane Rd	□Add
		Ocala, FL 34482	□Remove
			■Change
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		-	□Add

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☐Change

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t`an effi <u>Note:</u>	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated .	8" july . <u>2021</u> .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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