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2021 SEP -2 PM 2: 2

09/14/2021 TH

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Divi	ision of Cor	porations		•	
	ALMA MA	ATER EQUESTRIAN CENTE	RLLC		
SUBJECT:	Name of Limited Liability Company				
· • • • • • • • • • • • • • • • • • • •			arin at Con Cilian		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		ALVARO GALVIS			
			Name of Person		
		ALMA MATER EQUEST	RIAN CENTER LLC		
			Firm/Company		
		6455 SW 122 AVE			
			Address		
		MIAMI, FLORIDA 33183			
			City/State and Zip Code		
		ALMAMATEREQUESTRI	<del>-</del>		
		E-mail address: ()	o be used for future annual rep	ort notification)	
For further in	iformation c	oncerning this matter, please co	all:		
ALVARO G	ALVIS		786 86865	513	
	Name o	f Person		Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
		•		□ <b>*</b> <0.00 € € €	
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 2 Sectio	
	ling Addres		Street Addr		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP -2 PM 2:

SECRETARY OF ST

(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 11/27/2020 and assigned Florida document number L20000373638 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 "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 regist agent and/or the new registered office address here: ALVARO GALVIS Name of New Registered Agent: 64550SW 122ND AV New Registered Office Address: Enter Florida street address MIAMI Cire 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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
MGR	JAIRO MURIEL	6455 SW 122ND AVE	🗀 Add
		MIAMI, FL 33183	■Remove
			□Change
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If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing:  [08/25/2021]  [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	AUGUST 25  August 6 mm 6
	Signature of a member or authorized representative of a member  ALVARO GALVIS
	Typed or printed name of signee

Filing Fee: \$25.00