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	(Requestor's Name)
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	(Business Entity Name)
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COVER LETTER

Div	ision of Corpo				
SUBJECT:		ound Stables LLC			
		Name of Limi	ted Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Robyn Kempf			
			Name of Person		
			Firm/Company		
		33140 Little Hampton Cou	п		
		-	Address		
		Sorrento, Fl 32776			
			City/State and Zip Code	•	··
		clementscpa@gmail.com E-mail address: ()	to be used for future annual r	eport notification)	
For further i	nformation cor	ncerning this matter, please ca			
Robyn Kem	pf		407 860 at ()_	- 9858	
	Name of I	Person	Area Code	Daytime Telephor	ne 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 encl.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	iling Address:		Street Ad	dress:	

TO:

Registration Section

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

Horse and Hound Stables LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
· ·	• •	
he Articles of Organization for this Limited Liability Company were	e filed on 01/19/2021 and assigned	
lorida document number L21000034725		
his amendment is submitted to amend the following:		
L. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
	<u>?</u>	
Inter new mailing address, if applicable:	· · ·	
Mailing address MAY BE A POST OFFICE BOX)	==	
	200 7	
-	EE'S VS	
3. If amending the registered agent and/or registered office addr	ess on our records, enter the name of themew regist	
gent and/or the new registered office address here:	तिम	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer riorum sweet aaness	
	, Florida City Zip Code	
	Uny 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 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	<u>Name</u>	Address	Type of Action
AMBR	Christopher Kempf	33140 Little Hampton Court	
		Sorrento, Fl 32776	□ Remove
			■Change
AMBR	Robyn Kempf	33140 Little Hampton Court	
	Sorrento, Fl 32776	□Remove	
		☐ Change	
			□Add
			□Remove
		Change	
	-		□Add
		□Remove	
			□ Add
			□Remove
		□Change	
			□ Add
			□Remove

Change

	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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Note: If the date inse	ther than the date of filing:
the record specifies a decord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 29	2021
	lanankanat
	Signature of a phember or authorized representative of a member
	ROUN Kemp Typed or printed name of signee