L210000 74549

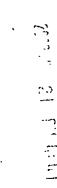
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Sulles

Office Use Only



600408461846

07/25/23--01033--002 **2.50



COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Z+T 3	TABLES LLC Name of Limited Liability Company
	Name of Emilian Daning Company
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
	RICHARD N DiAS Name of Person
	R&T STABLES, LLC
	Firm/Company
	424 E. Eigrove Dr. Address
	Criaus Spaings, FL 34434 City/State and Zip Code
ૠ	Chy/State and Zip Code 2 CKN JOAN & M5N COM E-mail address: (to be used for future annual report notification)
For further information concerning t	this way as placed calls
	· · · · · · · · · · · · · · · · · · ·
RICHAM DIAS Name of Person	at (<u>813</u>) <u>957 - 9717</u> Area Code Daytime Telephone Number
Enclosed is a check for the followin	g amount:
☐ \$25.00 Filing Fee ☐ \$30.0	00 Filing Fee &
	You coshed a cheek for 452.50 - Enclosed is the Additional copy is enclosed. \$2.50
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporation	B. 11 CO
P.O. Box 6327 Tallahassee, FL 32314	2115 M. Mannay Street, Suite S10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RaT STABLE	s, LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document numberL_310000_74549	were filed on oalia	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" 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:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
		1 m
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	<u>iter the name of the-new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	htrass
	GHET FURIAL SILVERIN	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. The performance of my dutie The provided for in Chapter 6	65, F.S. Or, if this document is
If Ch	anging Registered Agent, Signat	ure 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>	<u>Name</u>	Address	Type of Action
mar_	ROBERT ALDWATE	P.O. Box 1044	_ × ∧dd
O		HERNANISO FL BANG 34442	<u>*</u> □Remove
			□Change
			_ 🗆 Add
			□Remove
			[]Change
		·	⊟Add ::} :: □Remove
			☐ Ghange
			 □Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

					-
					-
					-
					-
					_
					_
					-
		<u> </u>			-
		<u> </u>			-
					_
					_
				7.3	_
		-		v · ·	_
				-	
				-	_
				<u> </u>	_
					_
te: If the date is listed te: If the date insert nument's effective d	ted in this block does (late on the Department	not meet the applicable of State's records.	ele statutory tiling requir	(optional) 00 days after filing.) Pursuant to 60 ements, this date will not be li	
ecord specifies a dela is filed.	ayed effective date, bu	a not an effective tim	e, at 12:01 a.m. on the e	arliet of: (b) The 90th day af	ter th
red July 18	3	2023	-·		
	210Ca	of a member or author	ized representative of a me	nber	

Filing Fee: \$25.00