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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
SUBJECT:	WHITE OZ	AKS EQUESTRIAN SOUTH,	LLC	
30bJr.C.1:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		TAMMY SALINAS BEN	TLEY	
			Name of Person	
			Firm/Company	
	13497 FOUNTAINVIEV		BLVD	
			Address	
		WELLINGTON, FL 3341	4	
	City/State and Zip Code			
		OUTBACKPOLOCLUB@		NEG TO SERVICE
			to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please c	all:	
TAMMY SA	ALINAS BE	NTLEY	at () 373-2283 Area Code Dayti	
	Name o	f Person .	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 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)
Reg	ling Addres	Section	Street Address: Registration S	
	usion of C ). Box 632	orporations 7	Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## WHITE OAKS EQUESTRIAN SOUTH, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability C Florida document number L21000113594  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limit.  The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS (Mailing address MAY BE A POST OFFICE BOX)	ited liability companited Liability Company.	nny here:		Ü	
A. If amending name, enter the new name of the limit.  The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS ADDRESS)  Enter new mailing address, if applicable:	nited Liability Company.		LC" or the abbreviat	202ו שלו.	— — —
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS OF A STREET ADDRESS OF THE PRINCIPAL OF THE	nited Liability Company.		LC" or the abbreviat	202ו שלו.	— — —
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR  Enter new mailing address, if applicable:		" the designation "LI	LC" or the abbreviat	202ו שלו.	
(Principal office address MUST BE A STREET ADDR	<u> </u>		SKENTTRI KUNTERGAS	2021 JUL 30	
Enter new mailing address, if applicable:	<u>RESS)</u>		SPHUTTNI KUNTENGBS	2021 JUL 30	
• • •			NEVEN IN THE STATE OF THE STATE	<u>1</u> 30	<u> </u>
• • •			<i>5,</i> √ = \$		
(Mailing address MAY BE A POST OFFICE BOX)			- <del>- 선물</del> (기구	=	<del>11</del>
			<u></u>	_ <u>=</u> €	<b>J</b>
			<u></u>	<del></del>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  JUAN	d office address on o		er the name of th	ie new reg	istere
12107	FOUNTAIN VIEW I	BLVD.			
New Registered Office Address: 13497		er Florida street addr	ress		
WELI	LINGTON	, I	Florida 33414		
	City		Zip	Code	

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.

Whanging 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GREG PELLEGRINO	36579 MOUNTVILLE ROAD	
		MIDDLEBURG, VA 20117	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	□Add
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		<del></del>	□Add
			□Remove
			□ Changa

D. If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<del></del>
E. Effective date, if other than the da (If an effective date is listed, the date must be <u>Note</u> : If the date inserted in this block document's effective date on the Depar	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b k does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective d record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY 74	gnature of a member or authorized representance of a member
JUAN SALINAS-BENTLI	EY

Filing Fee: \$25.00

Typed or printed name of signee