

121 000 113594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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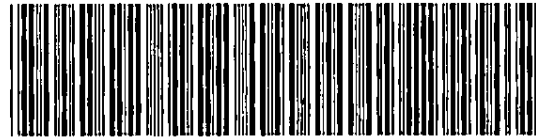
(Business Entity Name)

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2021 JUL 30 AM 7:16

SEC. OF STATE  
TALLAHASSEE, FL

2021 JUL 30 10:10  
C. KIRBY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WHITE OAKS EQUESTRIAN SOUTH, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMMY SALINAS BENTLEY  
Name of Person  
  
Firm/Company  
  
13497 FOUNTAINVIEW BLVD  
Address  
  
WELLINGTON, FL 33414  
City/State and Zip Code  
  
OUTBACKPOLOCLUB@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMY SALINAS BENTLEY      561      373-2283  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 26 2021

Signature of a member or authorized representative of a member

JUAN SALINAS-BENTLEY

Typed or printed name of signee

**Filing Fee: \$25.00**