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Fax Number : (850)617-6383

From:

Account Name : FOX ROTHSCHILD LLP

Account Number : I20130000024 : (215)299-2162 Phone : (215)299-2150 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____imiranda@foxrothschild.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATLAS EQUINE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlas Equine, LLC		
(Name of the Limited (A	Linbility Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L21000264724</u>	pility Company were filed on June 7, 2021	and assigned
This amendment is submitted to amend the follow	ving;	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	ON)	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> <u>here</u> :	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Flanda street address	NOV 10
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as regist	agent and agree to act in this capacity. I further a cand complete performance of my duties, and I an ered agent as provided for in Chapter 605, F.S. O gistered office address, I hereby confirm that the hange.	n familiar with and Fr, if this document is
	If Changing Registered Agent, Signature of New I	Registered Agent

To: +18506176383

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2021-11-10 09:11:50 EST

Fox Rothschild LLP

From: Miranda, Jessica T.

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
MGR	Mary Ann Adolf	13664 Quarter Horse Trail	= Add
		Wellington, FL 33414	
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			□Aḋd
			Remove
			□Change
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			□Remove
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cate: It the date inserted in this block does not mercument's effective date on the Department of States of specifics a delayed effective date, but not arise filed.	et the applicab ite's records.	le statutory fi	iling requiremen	nts, this date	will not b	e listed a
5 11100						
November 9 ed	2021				· 200	2
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Signature of a me	cuper or audiori	zedloprosonta	tive of a member	1	- 142	01 40N 1832
Isabel Adolf					\$	10 A)