

L21 000 291 034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

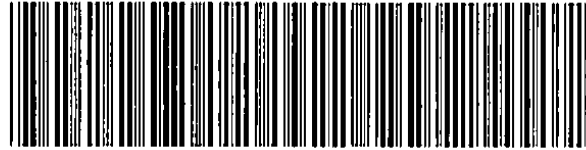
(Business Entity Name)

(Document Number)

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pecial Instructions to Filing Officer:

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ALL FLORIDA
STATE
SECRETARY

COVER LETTER

Registration Section
Division of Corporations

BELLE HAVEN EQUESTRIAN LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ASHLEY SALE

Name of Person

BELLE HAVEN EQUESTRIAN LLC

Firm/Company

97139 BELLVILLE LN

Address

YULEE, FL 32097

City/State and Zip Code

BELLEHAVENEQUESTRIAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEY SALE at (904) 563-4228

Name of Person Area Code Daytime Telephone 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 enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BELLE HAVEN EQUESTRIAN LLC

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

Articles of Organization for this Limited Liability Company were filed on JUNE 23, 2021 and assigned
document number L21000291034.

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

N/A

Principal office address MUST BE A STREET ADDRESS)

If new mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

R = Manager

BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	ASHLEY SPENCER	97139 BELLVILLE LN	<input type="checkbox"/> Add
		YULEE, FL 32097	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
R	ASHLEY SALE	97139 BELLVILLE LN	<input checked="" type="checkbox"/> Add
		YULEE, FL 32097	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

PLEASE CHANGE OWNER/MANAGER NAME FROM ASHLEY SPENCER TO ASHLEY SALE.

I AM NOW MARRIED AND HAVE LEGALLY CHANGED MY NAME THROUGH SOCIAL SECURITY
AND ON MY FLORIDA DRIVERS LICENSE.

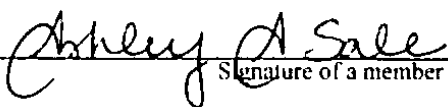
Effective date, if other than the date of filing: _____ (optional)

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 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 document is filed.

Dated NOVEMBER 6TH 2024



Signature of a member or authorized representative of a member

ASHLEY A. SALE

Typed or printed name of signee



Department of Health- Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

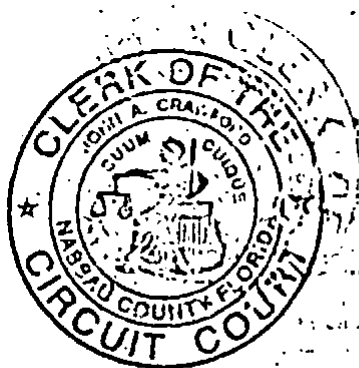
This license not valid unless seal of Clerk,
Circuit or County court appears thereon

(STATE FILE NUMBER)

452021XX000827MLAXYX

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1a. NAME OF SPOUSE (First, Middle, Last) KYLE MICHAEL SALE		1b. Maiden Surname (if applicable)	
3a. RESIDENCE - CITY, TOWN, OR LOCATION YULEE		3b. COUNTY Nassau	
5a. NAME OF SPOUSE (First, Middle, Last) ASHLEY ALINE SPENCER		5b. Maiden Surname (if applicable) FLOOD	
7a. RESIDENCE - CITY, TOWN, OR LOCATION YULEE		7b. COUNTY Nassau	
2. DATE OF BIRTH (Month, Day, Year) 07/27/1987		4. BIRTHPLACE (State or Foreign Country) Florida	
6. DATE OF BIRTH (Month, Day, Year) 07/05/1985		8. BIRTHPLACE (State or Foreign Country) Florida	
WE, THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign full name using black ink) ▶ <i>Kyle Michael Sale</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/15/2021	
11. TITLE OF OFFICIAL Deputy Clerk Tamara Sloan		12. SIGNATURE OF OFFICIAL (Use black ink) ▶ <i>Tamara Sloan</i>	
13. SIGNATURE OF SPOUSE (sign full name using black ink) ▶ <i>Ashley Aline Spencer</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/15/2021	
15. TITLE OF OFFICIAL Deputy Clerk Tamara Sloan		16. SIGNATURE OF OFFICIAL (Use black ink) ▶ <i>Tamara Sloan</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE NASSAU		18. DATE LICENSE ISSUED 11/15/2021	
19. DATE LICENSE EFFECTIVE 11/18/2021		20. EXPIRATION DATE 01/14/2022	
21. SIGNATURE OF COURT CLERK OR JUDGE ▶ <i>John A. Crawford</i>		22. TITLE CLERK OF THE CIRCUIT COURT	
23. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Reverend Derek Duhney		24. ADDRESS (Of person performing ceremony) 12570 Lamer Shw Rd Jacksonville FL 32211	
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)		26. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	



STATE OF FLORIDA
NASSAU COUNTY

I, THE UNDERSIGNED Clerk of the Circuit Court, Nassau County, Florida, DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and file in the office of the Clerk of Circuit Court of Nassau County, Florida.

WITNESS my hand and seal of Clerk of Circuit Court at Yulee, Florida, this 30th day of November 2021.

JOHN A. CRAWFORD

CLERK OF CIRCUIT COURT, NASSAU COUNTY, FLORIDA

By

Tamara Sloan
Deputy Clerk

11-30-21

Florida

DRIVER LICENSE



S400-001-85-745-0

FLORIDA

NAME
JASMEY ALINE
497139 BELLEVILLE LN
YULEE FL 32097-4943

DOB: 07/08/1925 SEX: F
EXP: 07/05/2027 HEIGHT: 5'04"
WEIGHT: 125 LBS EYES: MC/RE

SAFE DRIVER
EXPI: 06/30/2019

REPLACED 08/24/2023
Department of a motor vehicle registration
compliance to any regulatory code required by law

Jasme Aline