L21000364361

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

STABLES SUBJECT:	950, LLC			
SUBJECT:	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:		
	JAMES W PAYTAS, III			
		Name of Person		
		Firm/Company		
	794 SANDERS ROAD, S	UITE I		
	Address			
	PORT ORANGE, FL 32127			
	TPAYTAS@PAYTASHO	City/State and Zip Code MES.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
JAMES W PAYTAS, II	I	386 756-0439		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Addres Registration		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Cor	rporations	
P.O. Box 632	.7	The Centre of 1	l'allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STABLES 950, LLC	
(Name of the Limited Liability Company as it now : (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of forida document number $\frac{L21000364361}{L21000364361}$.	on AUGUST 13, 2021 and assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compa	ny here:
he new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
	<u> </u>
inter new mailing address, if applicable:	دد،
Mailing address MAY BE A POST OFFICE BOX)	7.
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If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er Florida street address
	. Florida

New 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.

City

Zip Code

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	JAMES W. PAYTAS, III	794 SANDERS ROAD, SUITE I	
		PORT ORANGE, FL 32127	□Remove
			□Change
			□Add
			□Remove
			□Change
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effective date is fisted e: If the date inser	er than the date of filing: the date must be specific and cannot be prior to date of filing ed in this block does not meet the applicable statutor	
iment's effective d	ate on the Department of State's records.	
ord specifies a dela filed.	yed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
august 16	2021	
	J.M	
	signature of a member or authorized represe	

Filing Fee: \$25.00