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COVER LETTER

TO: Registration of	on Section Corporations
Ocala SUBJECT:	Equine Airbnb. LLC
<u></u>	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Christina Anne Snook
	Name of Person
	Firm/Company
	808 SE 2nd Street
	Address
	Ocala, FI, 34471 City/State and Zip Code
	crystal@crystalsnookgroup.com
For further informati	E-mail address: (to be used for future annual report notification) on concerning this matter, please call;
Christina Anne Snoc	ok 352 630-5270
Na	ne of Person Area Code Daytime Telephone Number
Enclosed is a check f	or the following amount:
■ \$25,00 Filing Fe	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocala Equine Airbnb, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 13, 2021 and assigned Florida document number $\frac{1.21000405801}{1.21000405801}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 808 SE 2nd Streeet Enter new principal offices address, if applicable: Ocala, FL 34471 (Principal office address MUST BE A STREET ADDRESS) 808 SE 2nd Street Enter new mailing address, if applicable: Ocala, FL 34471 (Mailing address MAY BE A POST OFFICE BOX) B. 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: Christina Anne Snook Name of New Registered Agent: 808 SE 2nd Street New Registered Office Address: Enter Florida street address Ocala City

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.

If Changing 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>	Address	Type of Action
AMBR	Janelle M. Labarea	808 SE 2nd Street Ocala, FL 34471	□Add
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V	oting interest in company 100% Christina Anne Snook 0% Janelle M. Labarca
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fectiv	e date, if other than the date of filing: September 20, 2023 (optional)
<u>ite:</u> 1	tive 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 605,020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cume	n's effective date on the Department of State's records.
ecord is file	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 d.
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Typed or printed name of signee