L21000428253

(Re	questor's Name)
(Ad	ldress)	
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(Cit	ty/State/Zip/Pho	ne #)
		_
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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		J. HORNE
		EC 2 2 2023
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations			
suвјест: <u>Ади</u>	ilar Equestr	ian Center L	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Melar	nie Bonk Name of Person	
		Firm/Company	
	4700 SW	140th Ave	
	<u>Ocala</u> 1	FL 34481 City/State and Zip Code	
	<u>mel bonk</u> E-mail address: (93 @ amail. Co	ification)
For further information c	oncerning this matter, please ca		
Melanie Name o	Bonk f Person	at (<u>815</u>) 505 Area Code Daytin	- 3350 ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sc Division of Co The Centre of	rporations
i ananassee, i	・ レーンドンエマ	4910 N. MUIRC	ic onect, onice ore

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u> Lestrian</u> Center	- HC
(Name of the Limited Line) (A.F.	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili Florida document number <u>LQ100042825</u>		and assigned
This amendment is submitted to amend the followin	afi;	***
A. If amending name, enter the new name of the Volte Fquestrian The new name must be distinguishable and contain the words		2 to
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		Florida
	City	Zip Code

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
			□Add
			□Remove
			□ Change
			□Remove
			□Change
		 	□Add
			Remove
	 	□Change	
		□Add	
		Remove	
		□ Change	
		□Add	
		Remove	
		Change	
		□Add	
	- 	□Remove	
			□Change

Page 2 of 3

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u>, </u>
(lf an e Note	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	December 97th. 2023.
	Mules M Done Signature of a member of authorized representative of a member
	Melanie M Bonk

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Filing Fee: \$25.00