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COVER LETTER

Tallahassee, FL 32314

	stration Se sion of Cor				
	THOROUG	GHBRED SUPPLY LLC			
SUBJECT:		Name of Lin	nited 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:		
		JENNA LORENZO			
			Name of Person		
			Firm/Company		
		11420 SW 23 PLACE			
		<u> </u>	Address		
		DAVIE, FLORIDA 33325			
		JENNALORENZO15@GN	City/State and Zip Code 1AIL.COM	_	
		E-mail address: (to be used for future annual	report notification	1)
For further inf	ormation co	oncerning this matter, please co	alł:		
JENNA LOR	ENZO		305 98 at ()	9-5423	
	Name of	f Person	Area Code	Daytime Telep	hone Number
Enclosed is a c	check for th	e following amount:			
≅ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi	ng Address stration S sion of Co Box 632	ection orporations	Divisio	ddress: ation Section n of Corporati ntre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2022 OCT -7 AH 10: 10

THOROUGHBRED SUPPLY LLC

(Name of the Limited Liability Company as it now appears on our reco

The Articles of Organization for this Limited Florida document number L22000384367	Liability Company 	were filed on SEPT	EMBER 1, 2022	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		11420 SW 23 PLACE		
(Principal office address MUST BE A STREET ADDRESS)		DAVIE, FLORIDA 33325		
				
Enter new mailing address, if applicable:		11420 SW 23 PLACE		
(Mailing address MAY BE A POST OFFICE BOX)		DAVIE, FLORIDA	33325	
B. If amending the registered agent and/or agent and/or the new registered office addroses. Name of New Registered Agent:	registered office a ess here: JENNA LORE		rds, <u>enter the name</u>	of the new registe
New Registered Office Address:	11420 SW 23 P	PLACE	-	
220 Nogletoiga Office Fiduless.		Enter Florida s	areet address	
	DAVIE		, Florida 333.	25
	<u></u>	City	, 1 101 104	Zip Code

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
MGR	LORENZO, JENNA	11420 SW 23 PLACE	□Add
		DAVIE, FLORIDA 33325	
			□Add
			□Remove
			□Change
			DAdd
			□Remove
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Filing Fee: \$25.00