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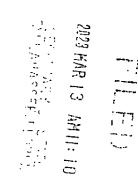
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A. RIVERS MAY - 7 2023

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SHRIECT.	EDGEWORTH EQUESTRIAN,	LLC	
sensiter	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Amanda Suitt		
Firm/Company 3225 McLeod Drive, Suite 100 Address Las Vegas, NV 89121 City/State and Zip Company E-mail address: (to be used for future and E-mail ad	Name of Person		
		Firm/Company	
	3225 McLeod Drive, Suite	· 100	
		Address	
	Las Vegas, NV 89121		
		City/State and Zip Code	
		to be used for future annual report not	ification)
For further information			
Amanda Suitt			
Nar	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fe	-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address:	action
		Registration Se Division of Co	
		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDGEWORTH EQUESTRIAN, 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 $\frac{10/24/2022}{10/24/2022}$ and assigned Florida document number_L22000455107 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 "L.I.C." or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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.

New Registered Agent's Signature, if changing 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	JHB Management, LLC	1718 Capitol Avenue	■Add
		Cheyenne, WY 82001	□Remove
			□Change
MGR	Melissa Gierman	11600 US Hwy 27	□Add
		Ocala, FL 34482	■Remove
			□Change
			□Add
			Remove
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			□Remove
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Filing Fee: \$25.00