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2/6/23 V·W

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		,	
SUBJECT: CSH EQU	ESTRIAN LLC		
		ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CRAIG T. GALLE, ESQ.		
		Name of Person	
	THE GALLE LAW GROU	JP, P.A.	
		Firm/Company	
	13501 SOUTH SHORE B	OULEVARD, SUITE 103	
		Address	
	WELLINGTON, FLORID	A 33414	
		City/State and Zip Code	
	POLOLAWYER@AOL.CO	OM to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	•	Treation (
CRAIG T. GALLE		at (561 ) 798-1708	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSH EQUESTRIAN LLC			
(Name of the Limi	ted Liability Co (A Florida Lim	mpany as it now appears on our re ited Liability Company)	ecords.)
The Articles of Organization for this Limited L	iability Comp	oany were filed on 11/07/2022	and assigned
Florida document number L22000476147	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited	liability company here:	
CSH EQUINE LLC			
The new name must be distinguishable and contain the	words "Limited I	.iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)		N/A	FILED  SECRETARY OF ST TALL AMASSES.F
B. If amending the registered agent and/or agent and/or the new registered office addre		ice address on our records. <u>er</u>	nter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street a	ddress
			, 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 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
			□Add
			□Remove
		<del></del>	Change
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