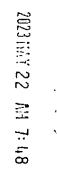
(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(6)	ICA-1-17:-IDb	
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

Office Use Only



700408685187

05, 22, 23--51,013--625 *-25.00



2/12/2023

COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
	TABLES LLC			
SUBJECT:	Name of Lim	ited 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:		
	KATELYN BURKE			
	Name of Person			
	ALWYN STABLES LLC			
	Firm/Company			
	685 SW 89TH TERRACE			
		Address		
	OCALA, FL 34481			
	 	City/State and Zip Code		
	info@alwynstables.com			
		to be used for future annual report noti	lication)	
For further information of	concerning this matter, please c	all:		
DAVID HERNDON		541 659-2659 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Col The Centre of T 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 RAY 22 AM 7: 48 ALWYN STABLES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ratio 12/27/2022 The Articles of Organization for this Limited Liability Company were filed on 12/27/2002 and assigned Florida document number £23(XXXXX)73() 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 "L.L.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 __

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.

Cinv

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

Title .	<u>Name</u>	Address	Type of Action
MBR	SCOTT DIFFEY	685 SW 89TH TERRACE, OCALA, FL 34481	
			≣Remove
			□Change
MGR SCOTT DIFFEY	SCOTI DIFFEY	685 SW 89TH TERRACE, OCALA, FL 34481	≅Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated May 12 2023

**Kathlyn Ein Druk

Signature of a member or authorized representative of a member KATELYN BURKE Typed or printed name of signee

. . . .

ETT 10 00 00