

L23000103438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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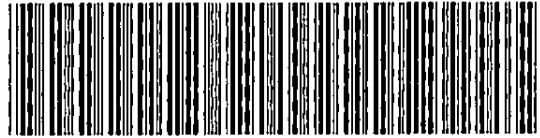
(Business Entity Name)

(Document Number)

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A. RIVERS
MAY - 7 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VICARAGE STABLE

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan Quartucci

Name of Person

Vicarage Stable

Firm/Company

205 Worth Avenue, Suite 310

Address

Palm Beach, FL 33480

City/State and Zip Code

aq@nsbny.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Quartucci

516
at ()

680-6500

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VICARAGE STABLE

(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 2/27/2023 and assigned
Florida document number L23000103438.

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

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>	<u>Address</u>	<u>Type of Action</u>
PAR	DUNCKER, CHARLES S	205 WORTH AVENUE, SUITE 310	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PAR	WARSH, KEVIN	205 WORTH AVENUE, SUITE 310	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBINSON, DYLAN	205 WORTH AVENUE, SUITE 310	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width. The lines are thin and uniform, providing a guide for writing. There are no vertical margin lines, headers, footers, or other markings present on the page. The background is a solid off-white color.

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.

Dated 3/10, 2023

Typed or printed name of signee

Filing Fee: \$25.00