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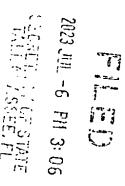
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Y. SCOTT

## **COVER LETTER**

TO:	Registration Se Division of Cor				
CLIDIO	Splendido F	Farm			
SUBJE	CI:	Name of Lin	nited Liability Company		
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	eturn all correspo	ondence concerning this matter	to the following:		
		Alexis Evanich			
			Name of Person	·	
		Steel Wheel Stables		<b>~</b>	21
		J	Firm/Company		1:1F 5203
		8550 NW 130th St		) - frá ) <u>- frá</u>	
			Address		عب ع 1
		Reddick Fl 32686			PE
		steelwheelstables@gmail.co	City/State and Zip Code	FI.	PH 3: 05
		E-mail address: (	to be used for future annual report notif	fication)	
For furt	her information c	oncerning this matter, please c	all:		
Alexis	Evanich		203 8203834 at ( )		
	Name o	f Person		e Telephone Number	-
Enclose	d is a check for th	ne following amount:			
<b>≡</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional copy is	status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee c Street, Suite 810	

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

Splendido Farm LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record Limited Liability Company)	rds.)	<del></del>
The Articles of Organization for this Limited Liability C	Company were filed on 17 May 2023	<del></del>	_ and assigned
Florida document number L23000240559	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
Steel Wheel Stables LLC		70	2
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		17路	
Principal office address MUST BE A STREET ADDI	RESS)	133	<u> </u>
		200	<u> </u>
		T <sub>O</sub>	$\omega$
Enter new mailing address, if applicable:			O
Mailing address MAY BE A POST OFFICE BOX)		1+1	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	er the name o	f the new regist
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	Enter Florida street addr	eze	
	ü	lorida	
	City	ivi ida	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:		
hereby accept the appointment as registered agent	and agree to act in this capacity. If	further agree	to comply with

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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Typed or printed name of signee

Filing Fee: \$25.00