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10/16/23--01008--021 **25.00

Exaplación 12

COVER LETTER

TO: Registration So Division of Cor			
	uestrian Show Stables, LLC		
SUBJECT:	Name of Lin	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:	
	Kelly Holmberg		
		Name of Person	
		Firm/Company	
	515 Starboard Drive		
		Address	_
	Naples, FL 34103		
		City/State and Zip Code	
	kellyholmberg@hotmail.co	m to be used for future annual report no	
For further information c	n-man address: (concerning this matter, please c		mineation
Kelly Holmberg		239 248-3214	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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	action
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 16 PH12: 00

Naples Equestrian Show Stables, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Jability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L23000332265		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sandra J. Snyder	1529 Third Street South	= Add
		Naples, FL 34102	□Remove
			□Remove
			Change
			Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			
			□Remove

				
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etive date, if other than the da effective date is listed, the date must be If the date inserted in this block ment's effective date on the Depar	does not meet the applicab	date of filing or more than the statutory filing require	(optional) O days after filing.) Pursuant tements, this date will not b	to 605.0207 (e listed as ti
ord specifies a delayed effective da filed.	te, but not an effective tim	e, at 12:01 a.m. on the ea	ntier of: (b) The 90th day	y after the
10-6	2023			
Sign	Kelly Jathori	of he Deve	nber	

Filing Fee: \$25.00