## L23000478949

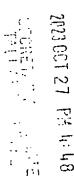
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|                  |                           | ration Sec<br>in of Corp                                     |  |  |   |                      |
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| ere inc          |                           | ark Horse  | 14.1   |  |   |                      |
| RUBJEC           | .1: <u></u>               |  | Name of Lim                                  | ited Liability Company   |   |                      |
| The enclo        | osed Ai                   | rticles of A   | Amendment and fee(s) are sub                 | mitted for filing.   |   |                      |
| Please ret       | turn all                  | correspon  | idence concerning this matter                | to the following:  |   |                      |
|                  |                           |  | Stephen Owens                                |  |   | SEG .                |
|                  |                           |  |  | Name of Person   |   | 1823 OCT 27 PH IN 48 |
|                  |                           |  |  | Firm/Company   |   | P:                   |
|                  |                           |  | 4656 SE Winter Haven Ct                      |  |   |                      |
|                  |                           |  |  | Address  |   | $\omega \sim \omega$ |
|                  | Stuart, FL 34997          |  |  |  |   |                      |
|                  |                           |  | southerntropies1@aol.com                     | City/State and Zip Code  |   |                      |
|                  |                           |  | E-mail address: ()                           | o be used for future annual report noti  | fication)                                       |                      |
| for furthe       | er infoi                  | rmation co   | neerning this matter, please ca              | ill:   |   |                      |
| Stephen          | Owens                     |  |  | 772 485-5045   |   |                      |
|                  |                           | Name of  | Person                                       | Area Code Daytin   | ie Telephone Number                             |                      |
| Enclosed         | is a ch                   | eck for the  | e following amount:                          |  |   |                      |
| <b>■</b> \$25.0  | 00 Filit                  | ng Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certified                                       | e of Status &        |
| ·<br>-<br>-<br>- | Regis<br>Divisi<br>P.O. I | g Address<br>tration S<br>ion of Co<br>Box 6327<br>nassec, F | ection<br>orporations<br>7                   | Street Address:<br>Registration Se<br>Division of Con<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, FL | rporations<br>Fallahassee<br>oe Street, Suite 8 | 10                   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dark Horse 111, LLC

(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  $\frac{10/18/23}{2}$ and assigned Florida document number L23000478949 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dark Horse III, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." No Change Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) No Change 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: No Change Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv 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> | Address     | Type of Action |
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| s filed.                            | e date, but not an effective time, at 12:  | or a.m. on the earner or. (b) | The Join day after th  |
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| October 24<br>ed                    |  |                               |  |
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| 21-L7                               | Signature of a member or authorized repre  |                               |  |

Filing Fee: \$25.00