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Certifie	ed Copies Certificates of Status
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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

09/06/2024

Da	Acc#120160000072
	Acc#I20160000072
Name:	JCA/GOA Wellington, LLC
Document #:	
Order #:	15854448
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🚺	Certified:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00

Thank you!

COVER LETTER

	distantion of Cor			
SUBJECT:		Wellington, LLC		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Kimberly Beard		
			Name of Person	
		Venable LLP		
			Firm/Company	
		750 East Pratt Street		
			Address	
		Baltimore, Maryland 2120	2	
			City/State and Zip Code	
			to be used for future annual report notif	ication)
For further i	uformation c			
Kimberly B	eard		410 244-7668	
	Name o	Name of Person		
Enclosed is	i check for th	ne following amount:		
□ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re Div P.C	vision of C). Box 632	Section Corporations 17	Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP -6 AM 9: 22

JCA/GOA Wellington, LLC		· · · · ·	92 (1 k + ;-
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears un our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000181292	were filed on 4/22/2024	an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited linh	ility company here:		
Alban Equine, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	on "LLC" or the abbreviation	m "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:	address on our records,	, enter the name of th	e new register
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter Florida stree	u address	
		, Florida	
	City	Zip (Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dut	ties, and I am familia	r with and

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>	Name	Address	Type of Action
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			[]Remove
			Change
			DAdd
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			☐ Change
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Effective date, if an effective date is Note: If the date document's effect	inserted in this b	lock does not i	neet the applic	cable statutory	or more than filing requir	(option 90 days after fi ements, this c	ling.) Pursuant to	605.0201 listed as
e record specifies and is filed.	a delayed effecti	ve date, but no	t an effective t	ime, at 12:01	a.m. on the c	arlier of: (b)	The 90th day	after the
Dated August 3	<u>0</u>		2024					
1 Adeco	(P(luss	,	 •				
	/	Signature of a	member or unti	orized represen	lative of a me	тост		-
lames	C. Alban, IV							

Filing Fee: \$25.00