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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entry Name)	
(Document Number)	
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COVER LETTER

то:	Registration Se Division of Cor			
CHD 107	SIXSMITE	ESPORT HORSES LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Susan Rotblat, Esq.		
		·	Name of Person	-
		Cittler Gordon & Warga		
			Firm/Company	
		5995 East Grant Road, Su	ite 200	
		<u>_</u>	Address	1 - 14 de 17 - 1
		Tueson AZ 85712		
		-	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to be used for future annual report not	rification)
For furth	ner information c	oncerning this matter, please c	all:	
Hadassa	ι		520 222-7338	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	I is a check for t	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 Registration 9		Street Address: Registration Se	ection
	_			
	P.O. Box 632	Name of Person		
	Tallahassee. l	FL 32314	2415 N. Monro	be Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

SIXSMITH SPORT HORSES LLC					
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	iny as it now aj Liability Compa	opears on our records. my)	<u>;</u>)	
The Articles of Organization for this Limited L	iability Company	were filed	05/16/2024	and assigned	
on Florida document number <u>1.24000228067</u>					
This amendment is submitted to amend the foll	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility compan	y here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company,"	the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		9100 Conre	oy Windermere Rd S	uite 200	
(Principal office address MUST BE A STREE	Windermere, FL 34786				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			by Windermere Rd S re, FL 34786		
		-	· •	13 N	
B. If amending the registered agent and/or i agent and/or the new registered office addre		address on o	ur records, <u>enter t</u>	he name of the new regis	
Name of New Registered Agent:	James Sixsmith	<u> </u>			
New Registered Office Address:	9100 Conroy V			. <u></u>	
		Ente	r Florida street address		
	Windermere		, Flo	rida <u>34786</u>	
		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>	Name	Address	Type of Action
MGR OSLO SE	K MANAGEMENT SERVICES CORPORATION	9100 Conroy Windermere Rd Suite 200	_ □Add
		Windermere, Ft. 34786	_ □Remove
			= Change
 			□Add
			□Remove
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cann				(optio	nal)	
effective date is listed, the date must be specific and cann te: If the date inserted in this block does not meet	ot be prior to	date of filing	or more than 9	0 days after f	iling.) Purs date will t	uant to 605.0
ument's effective date on the Department of State		ne military	Timig require	mema, una	care will i	ior oc riste
cord specifies a delayed effective date, but not an e s filed.	ffective tim	e, at 12:01 a	i.m. on the ea	rlier of: (b)	The 90tl	n day after
ed August 23)24	_ ·				
		_				
Signature of Amend	es Siss	<i>netr</i> zed renresent	tative of a men	her		

Filing Fee: \$25.00