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COVER LETTER

то:	Registration Sec Division of Corp				
C11D 1C4		Creck Horses LLC			
SUBJE	LI;	Name of Limi	ted Liability Company		
The enc	losed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Abigail Manning			
			Name of Person		
			Firm/Company		202 SF
		PO Box 1629			TOPE TOPE
			Address		AF 22
		Orem, UT 84059			2024 NOV 22 PK 1:51 SECRETARY OF STATE
			City/State and Zip Code		inica -
		Abigail@legallymine.com	to be used for future annual report notifi	cation	
F 6	har information a	oncerning this matter, please ca		Cathony	
		oncerning this matter, prease co			
Abigai	l Manning		800 3752453 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$25	i.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
		ING ADDRESS:	STREET/COURII		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Limestone Creek Horses LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on June 11	, 2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbrevia	ntion "L.I.,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address:	stered office address on ou ress here: Enter Florida s	<u>—————————————————————————————————————</u>	name of the new
	- C:-	, Florida	ip Code
New Registered Agent's Signature, if changing Registere	City ed Agent:	2.	p coue
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my agent as provided for in Chap ed office address, I hereby c	duties, and I am famil oter 605, F.S. Or, if th	iar with and is document is

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	<u>Address</u>	Type of Action
MGR	Loralle L Howell	18234 Limestone Creek Rd	🗆 Add
		Jupiter, FL 33458	■ Remove
			Change
AMER	Klassflow, LLC	200 W. 34th Ave., #977	Add
		Anchorage, AK 99503	□ Remove
			Change
			□ Remove
			Change
			Add SECRETAL DEADON
			AHASSECT SO AND
			Add Tible City
			□ Change
			Add
			☐ Remove
			☐ Change

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	77.00 71.00	
		
	77	3
ective date, if other than the date of filing:	_ (optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date: If the date inserted in this block does not meet the applicable statutory filing requireme	ays after filing.) Pursua	ant to 605.0207 at he listed as

Page 3 of 3

Filing Fee: \$25.00