

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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From:

Account Name : COMITER & SINGER, LLP  
Account Number : I20000000085  
Phone : (561)626-4742  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EQUESTRIAN TRAIL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

M. SOLOMON

JUN 24 2024

172-1000216 172 3

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Equestrian Trail, LLC  
 \_\_\_\_\_  
 Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael S. Singer, Esq.

\_\_\_\_\_  
 Name of Person

Comiter, Singer, Baseman & Braun, LLP

\_\_\_\_\_  
 Firm/Company

3825 PGA Blvd., Suite 701

\_\_\_\_\_  
 Address

Palm Beach Gardens, FL 33410

\_\_\_\_\_  
 City/State and Zip Code

corporate@comitersinger.com

\_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Tirado

561

626-2101

\_\_\_\_\_  
 Name of Person

at (\_\_\_\_\_)\_\_\_\_\_  
 Area Code

\_\_\_\_\_  
 Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
 Certificate of Status

☒ \$55.00 Filing Fee &  
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 (additional copy is enclosed)

☐ \$60.00 Filing Fee,  
 Certificate of Status &  
 Certified Copy  
 (additional copy is enclosed)

**Mailing Address:**

Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address:**

Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

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H24000272543

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equestrian Trail, 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 June 17, 2024 and assigned  
Florida document number L24000272543.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12583 Brookwood Court

**(Principal office address MUST BE A STREET ADDRESS)**

Davie, Florida 33330

Enter new mailing address, if applicable:

12583 Brookwood Court

**(Mailing address MAY BE A POST OFFICE BOX)**

Davie, Florida 33330

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DAVIE, FLORIDA

**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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
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☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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