

M17000300133 3

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 12008000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lavinia@laviniaj.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MFS SPORT HORSES LLC**

Certificate of Status	1
Certified Copy	0
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MFS SPORT HORSES LLC

Enter new principal office address, if applicable: 12250 Blue Cypress Court

(Principal office address

MUST BE A STREET ADDRESS)

Wellington FL, 33414

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

12250 Blue Cypress Court

Wellington FL, 33414

2. The Florida document number of this limited liability company is: M17000002739

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/30/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida _____
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 603, 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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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Correct the spelling of the attorney in fact already listed

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Attorney in Fact	Mrs. Enriqueta Capella	RUA VERBO DIVINO, 1061,#81A,B1 1	<input checked="" type="checkbox"/> Add
		CHACARA SANTO ANTONIO,SAO PAULO	<input type="checkbox"/> Remove
Attorney in Fact	ENRIQUETA CAPELA	RUSS VERBO DIVINO, 1061,#81A,B1 1	<input type="checkbox"/> Add
		CHACARA SANTO ANTONIO,SAO PAULO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Mr. STENIO FELIX DA SILVA

Typed or printed name of signee

Filing Fee: \$25.00

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