

MAI 000000 2943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

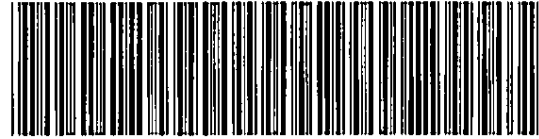
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/18/22 --01050--029 ++30.00

FILED  
CLERK OF STATE  
22 APR 18 AM 8:44  
DIVISION OF CORPORATION

T. MATTHEWS

MAY 31 2022

ELITE HORSE TRAINING, LLC

1707 POST OAK BLVD #484

HOUSTON, TX 77056

(713) 553-0349

April 15, 2022

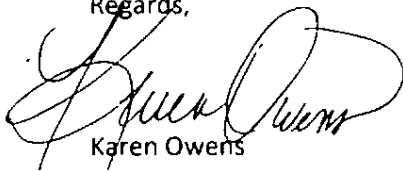
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

To Whom It May Concern:

Please find attached an application to file an Amendment to our Foreign LLC, as well as backup (probably too much info). I am sending this package via Fed Ex for a couple of reasons. I don't trust the mail anymore – I've had a lot of missing mail lately - and I am in a rush. I've enclosed a return Fed Ex if you can use it, that would be of great help for me.

I appreciate your assistance. If you have any questions, please call me at 713-553-0349.

Regards,

A handwritten signature in black ink, appearing to read 'Karen Owens', written over a horizontal line.

Karen Owens  
Manager - EHT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELITE HORSE TRAINING, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN OWENS, MANAGER

Name of Person

ELITE HORSE TRAINING, LLC

Firm/Company

1707 POST OAK BLVD #484

Address

HOUSTON, TX 77056

City/State and Zip Code

KAREN.SUE.OWENS@GMAIL.COM

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

For further information concerning this matter, please call:

KAREN OWENS

Name of Person

at ( 713 ) 553-0349

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

DIVISION OF CORPORATIONS

22 APR 18 AM 8:44

**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: ELITE HORSE TRAINING, LLC

Enter new principal office address, if applicable: 11164 MARINA BAY RD (TYPO ON ANNUAL REPORT)

(Principal office address

MUST BE A STREET ADDRESS)

WELLINGTON, FL 33449

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

NO CHANGE

2. The Florida document number of this limited liability company is: M21000002943

3. Jurisdiction of its organization: TEXAS

4. Date authorized to do business in Florida: 3/16/21

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

5. New name of the limited liability company: NO CHANGE  
(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: NO CHANGE

New Registered Office Address: 11164 MARINA BAY RD (TYPO ON ANNUAL REPORT)

*Enter Florida Street Address*

WELLINGTON

*City*

Florida 33449

*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

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

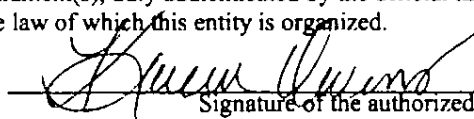
N/A

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

REMOVE A MEMBER

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	NATALIE PAI TRUST	1707 POST OAK BLVD #484	<input type="checkbox"/> Add
		HOUSTON, TX 77056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

KAREN OWENS

Typed or printed name of signee

Filing Fee: \$25.00