N10000005513

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COVER LETTER

TO: Amendment Section Division of Corporations

Equestrian Spirits, In	c.		
N10000005513			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Laurie L. Wolf			
	(Name of Contact Per	rson)	
Equestrian Spirits, Inc.			
	(Firm/ Company))	
P.O. Box 237			
	(Address)		
Morriston, FL 32668			
	(City/ State and Zip C	Code)	
equestrianspirits@aol.com			
E-mail address: (to be used	for future annual rep	ort notification)
For further information concerning this matter, please	call:		
Laurie L. Wolf	at	(863)	368-0775
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida D	Department of	State:
☐ \$35 Filing Fec ☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation of

Equestrian Spirits, Inc.		
(Name of Corporation as currently filed with the Florida D	ept. of State)	
N10000005513		, -, -
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit C</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the o	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
	······································	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office	e address in Florida, enter the	name of the
new registered agent and/or the new registered office a	uaress.	
Name of New Registered Agent:		
	(Florida street	address)
New Registered Office Address:	(1 Mills Silver	uuur tuuy
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the oblig	ations of the position.
Si	gnature of New Registered Agei	nt, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do Y Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Debarah Heelis	SYN Chalkmanle Lane Vincyard, Ut. h 84058
Remove			
2) Change x Add	<u>D</u>	Kelley Unglaub	3642 RiverRoad Sneads, Florida 32460
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		<u>-</u>	

	
	doption:, if other the
date this document was signed.	
Proceeding dates to see 11 12 12	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
Signature (By the chairman or vice chairman of the board, president or other officer-if directors			
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
Laurie L. Wolf			
(Typed or printed name of person signing)			
Senior director			
(Title of person signing)			