

N12000011576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

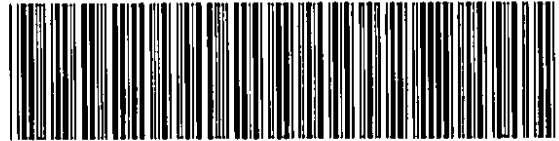
(Document Number)

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2018 AUG 21 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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cus

AUG 21 2018

ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Labyrinth Equine Assisted Development

DOCUMENT NUMBER: N12000011576

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina Sommer

(Name of Contact Person)

Labyrinth Equine Assisted Development

(Firm/ Company)

5065 Scaff Road

(Address)

St Augustine, Florida 32092

(City/ State and Zip Code)

thebarn goddess01@gmail.com

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

For further information concerning this matter, please call:

Tina Sommer

860

806-8117

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2018

TINA SOMMER  
LABYRINTH EQUINE ASSISTED DEVELOPMENT  
5065 SCAFF ROAD  
ST. AUGUSTINE, FL 32092

SUBJECT: LABYRINTH EQUINE ASSISTED DEVELOPMENT (L.E.A.D.)  
INCORPORATED  
Ref. Number: N12000011576

We have received your document for LABYRINTH EQUINE ASSISTED DEVELOPMENT (L.E.A.D.) INCORPORATED and your check(s) totaling \$56.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You failed to check the box regarding what action to take with KATHRYN CIPRIANI.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 818A00016455

RECEIVED  
18 AUG 21 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

LABYRINTH EQUINE ASSISTED DEVELOPMENT (L.E.A.D.) INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000011576

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Marilyn Sommer</u>	<u>400 Central Ave Unit 311</u>
<input type="checkbox"/> Add			<u>Highland Park, IL 60035</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Diane Watson</u>	<u>405 South Villa San Marco</u>
<input checked="" type="checkbox"/> Add			<u>Bldg 2 # 201</u>
<input type="checkbox"/> Remove			<u>St Augustine, FL 32086</u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>Kathryn Cipriani</u>	<u>245 John Ray Rd</u>
<input type="checkbox"/> Add			<u>St Augustine, FL 32092</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>Gemma Mowery</u>	<u>145 Tijuana Trail</u>
<input checked="" type="checkbox"/> Add			<u>Melrose, FL 32666</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Alyssa Walsh</u>	<u>6555 Collier Road</u>
<input checked="" type="checkbox"/> Add			<u>St Augustine, FL 32092</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D</u>	<u>Diane Anderson</u>	<u>205 Bayberry Circle # 703</u>
<input checked="" type="checkbox"/> Add			<u>St Augustine, FL 32086</u>
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: July 1, 2018  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated July 20th, 2018

Signature Holly Weeks  
(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)

Holly Weeks  
(Typed or printed name of person signing)

Secretary \_\_\_\_\_  
(Title of person signing)