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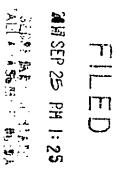
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

TO: Amendment Section

| Division of Corporations |
|---|
| NAME OF CORPORATION: Spirit Horse at Better Times Farm DOCUMENT NUMBER: EIN#80-0873024 M13000001500 |
| DOCUMENT NUMBER: <u>EIN # 80-0873024 MI30000</u> 01500 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Shannon Crisante (Name of Contact Person) |
| Spirit Horse at Better Times Farm (Finn/Company) |
| 11545 SKy View lane (Address) |
| Clermont, FL 34715 (City/ State and Zip Code) |
| E-mail address: (to be used for future almost report notification) |
| For further information concerning this matter, please call: |
| Shannon ChSarte at 321-239-4570 (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: |
| \$\sigma\$ \$\s |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

| Spirit Horse at | Better Tim | ies Farm INC. | | | |
|--|--|---|--|--|--|
| (Name of Corporation as cu | rrently filed with the Florid | a Dept. of State) | | | |
| EIN#80-0873024 N13000001500 | | | | | |
| (Document N | lumber of Corporation (if kno | wn) | | | |
| Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation: | atutes, this <i>Florida Not For I</i> | Profit Corporation adopts the following | | | |
| A. If amending name, enter the new name of the corpo | oration: | | | | |
| name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name. | ndernere Esues. poration" or "incorporated" | man Conter Inc. The new or the abbreviation "Corp." or "Inc." | | | |
| B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRE | ESS) | stays the same. | | | |
| | <u> </u> | alon Rd. | | | |
| | Winter Ga | rden, FL 34787 | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Stays 4 | e Same | | | |
| | PO Box | 784852 | | | |
| | Wilher Hard | en,FC 34778 | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | nter the name of the | | | |
| Name of New Registered Agent: | | | | | |
| | _ | | | | |
| | (Flori | da street address) | | | |
| New Registered Office Address: | | | | | |
| | | , Florida | | | |
| | (City) | (Zip Code) | | | |
| New Registered Agent's Signature, if changing Registed hereby accept the appointment as registered agent. I at | ered Agent: m familiar with and accept th | e obligations of the position. | | | |
| , | | | | | |
| <u></u> | | | | | |
| | Signature of New Register | ed Agent, if changing | | | |
| | | 7 5 7 | | | |
| | Page 1 of 4 | 5 2 | | | |

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 | <u>V</u> <u>Mil</u> | n Doe se Jones ly Smith | |
|------------------------------------|---------------------|--|---|
| Type of Action (Check One) | Title | Name | Address |
| 1) Change Add Remove | <u>D</u> | Mr. Gregory Tucker | orlando, FC 32801 |
| 2) Change Add | | Mr. David Feehan | 112 Myers St. Monessen Pa. 15002 |
| Remove 3) X Change X Add Remove | . Yto! |) Morgan Taylor | 8958 Birkdalect. Orlands FC 32819 |
| 4) X Change X Add Remove | SV | Him Smith | 16434 E. Davenpart WinterGarden, FL 34787 |
| 5) Change Add Remove | | <u>. </u> | |
| 6) Change Add Remove | | | |

| attach additional sheets, if necessary). | cles, enter chang (Be specific) | | | | | |
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| · The date of each amendment(s) adoption: _ | 9/19/17 | , if other than the |
|---|--|---|
| late this document was signed. Effective date if applicable: | 26/17 | |
| | o more than 90 days after amendmen | t file date) |
| Note: If the date inserted in this block does no locument's effective date on the Department | | g requirements, this date will not be listed as the |
| Adoption of Amendment(s) (C | CHECK ONE) | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | the members and the number of vote | s cast for the amendment(s) |
| There are no members or members entitl adopted by the board of directors. | led to vote on the amendment(s). The | : amendment(s) was/were |
| Dated 920 F | 7 | |
| Signature Same | signita | |
| have not been selecte | ice chairman of the board, president of ed, by an incorporator – if in the hand I fiduciary by that fiduciary) | |
| | nanna Crisante (Typed or printed name of pers | on signing) |
| | c-c' - | |
| | (Title of person sign | ning) |