## N1600000 7351

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	LEVY COUNTY HO	ORSE CLUB TRAI	ILRIDEF	RS, INC.		
	N16000007351					
DOCUMENT NUMBER:			<del>-</del>		<del></del>	
The enclosed Articles of Am	endment and fee are sub	nitted for filing.				
Please return all corresponde	ence concerning this matte	er to the following:				
DAVE WILSON						
		(Name of Contact	Person)			
		(Firm/ Compa	ny)			
PO BOX 687						
	<u> </u>	(Address)				
OLD TOWN, FLORIDA 32	680					
		(City/ State and Zip	p Code)			
cjprevatt@gmail.com						
E	-mail address: (to be used	for future annual re	eport not	ification	)	
For further information conc	erning this matter, please	call:				
CHERRI PREVATT					493-0980	
	(Name of Contact Person	)	Area	Code)	(Daytime Telephone Nur	nber)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida	Departn	nent of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

2019	, SA	
		, X.C.
		4.

		. /		
(Name of Corporation as o	currently filed with the Florids	Dept. of State)		
LEVY COUNTY HORSE CLUB TRAILRIDERS, IN	C. Document Number: N160	00007351		
(Document	Number of Corporation (if know	vn) :.		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For P	rofit Corporation adopts the following		
A. If amending name, enter the new name of the cor	rporation:			
N/A		The new		
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" (			
B. Enter new principal office address, if applicable:	10451 NW 45th STREE	T		
(Principal office address <u>MUST BE A STREET ADDI</u>		A		
	32626			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	PO BOX 2631			
	CHIEFLAND, FLORID	CHIEFLAND, FLORIDA		
	32644			
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		ter the name of the		
	CHERRIPREVATT			
<del></del>	IS1 NW 45th STREET			
<u>New Registered Office Address:</u>	(Floria	la street address)		
CH	IEFLAND	Florida 32626		
<del></del>	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		obligations of the position.		
	Signature of New Registere	d Agent, 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	<u>V Mi</u>	<u>nn Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	DAVE WILSON	PO BOX 687
Add			OLD TOWN, FLORIDA
X Remove			32680
2) Change	D	BONNIE WILSON	PO BOX 687
Add			OLD TOWN, FLORIDA
X Remove			32680
3) Change	D	NANCY E. NIBERT	5950 NW 37th PLACE
Add	<del></del>		CHIEFLAND, FLORIDA
X Remove			32626
4) X Change	P	GREG McCANDLESS	13950 SW 77 Place
Add			CEDAR KEY, FLORIDA
Remove			32625
5) Change	v	LEWIS PREVATT	10451 NW 45th STREET
X Add			CHIEFLAND, FLORIDA
Remove			32626
6) Change	Т	CHERRI PREVATT	10451 NW 45th STREET
X Add		*	CHIEFLAND, FLORIDA
Remove			32626

(attach additional sheets, if necessary). (Be specific)				
) Change	S	KATHIE BEESON	7220 NW 60th STREET	
_x_ Add			CHIEFLAND, FLORIDA	
Remove			32626	
) Change	D	LEONORA HALE	6891 NW 88th LANE	
Add			CHIEFLAND, FLORIDA	
_x_ Remove			32626	
X Add		BENNIE THOMAS	BELL, FLORIDA	
<u> </u>				
			<del></del>	

	date of each amendment	• • • • • • • • • • • • • • • • • • • •	, if other than the
	this document was signed ective date if applicable:	May 1, 2019	
	terre date il applicable.	(no more than 90 days after amendment file date)	
	<del></del>	is block does not meet the applicable statutory filing requirements, this can Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)		(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amenda proval.	nent(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/lirectors.	were
	May Dated	. 2019	
	Signature	de prott	
	have r	chairman or vice chairman of the board, president or other officer-if direct been selected, by an incorporator – if in the hands of a receiver, trusted court appointed fiduciary by that fiduciary)	
	СН	ERRI PREVATT	
		(Typed or printed name of person signing)	
	TR	EASURER	
		(Title of person signing)	