## POSDO0 147548

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OCT 3 0 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	TRINITY	FARM	EQUESTRI	AN CET	iter Inc
DOCUMENT NUMBER:	P05000	14754	18		·
The enclosed Articles of Amendm	ent and fee are su	ubmitted for	filing.		
Please return all correspondence co	oncerning this ma	atter to the fo	ollowing:		
	CA	rel No	رمعر		
		· · · · ·	f Contact Person		
		Fier	n/ Company		
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For further information concerning	this matter, plea	se call:		* * *	
care us	المحاد		at ( 904	334-	-3751
Name of Contact Po	erson	<del></del>	Area Code	& Daytime	Telephone Number
Enclosed is a check for the followi	ng amount made	payable to t	he Florida Departr	nent of State	:
\$35 Filing Fee \$43.7 Certi	75 Filing Fee & ficate of Status	Certific	ed Copy onal copy is	□\$52.50 File Certificate Certified C (Additional is enclosed	of Status copy I Copy
Mailing Addres Amendment Sec			Street Ad Amendme	ldress ent Section	
Division of Corp P.O. Box 6327	Division of Corporations				
Tallahassee, FL	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
		1 1			

## Articles of Amendment to Articles of Incorporation

of

TRINTY FARM	EQUESTRIAL C	enter the		
(Name o	f Corporation as currently	filed with the Florida Dept. o	f State)	
P0 soc	00147548			
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adop	ts the following amendment	t(s) to
A. If amending name, enter the new na	me of the corporation:			
TRINTY FEC	INC		The Frew	
TRINTY FEC name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional associated. B. Enter new principal office address, in (Principal office address MUST BE A ST	ation "Corp," "Inc," or "Co ion," or the abbreviation "P. <u>f applicable:</u>	o". A professional corporatio	ted" or the abbreviation on name must contain the	S 1
			CORRED/	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A		
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the name o	of the	
Name of New Registered Agent	NA			
	(Florida street	address)		
New Registered Office Address:	<i>(C</i>		orida	
	(C	ity)	(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register the appointment as registers.	red agent. I am familiar wit.		the position.	
	Signature of New Reg	istered 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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nnes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_	···	
Add				
Remove				
2) Change		_		
Add				
Remove				-
3) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		_		
Add		<del></del>		
Remove				
6) Change		-		
Add				
Remove				

(Attach addi	g or adding additional sheets, if nec	essary). (Be spec	cific)			
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. If an amen	lment provides for	r an exchange, rec	lassification, or o	cancellation of is	sued shares.	
provisions	for implementing applicable, indicate	the amendment if	not contained in	the amendment	itself:	
-	аррисаоге, таксак	: IV/A)				
V/A	<del></del>					
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Care K Live	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed fiductary by that fiductary)	
CARL K WORN	
(Typed or printed name of person signing)	
√P.	
(Title of person signing)	