Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000070396 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : BILZIN SUMBERG BAENA PRICE

Account Number : 075350000132

Phone : (305)374-7590 Fax Number : (305)351-2122

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

vva@bilzin.com Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN PEGASUS EQUESTRIAN DAVIE, INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$52.50

(((H21000070396 3)))

Articles of Amendment to Articles of Incorporation of

PEGASUS EQUESTRIAN DAVIE, INC.					
(Name of Corporation as cu	rrently filed with	the Florida De	pt. of State)		
P20000045008					
(Document Nur	nber of Corporation	on (if known)			
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this <i>Florida Pro</i>	ofit Corporation :	adopts the follo	owing ame	ndnient(s) to
A. If amending name, enter the new name of the corporati	on:				
					new
name must be distinguishable and contain the word "corporation" Inc., " or Co.," or the designation "Corp," "Inc," or "C "chartered." "professional association," or the abbreviation	o". A professio.				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)					_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
			*	702 F	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		rida, enter the na	me of the	لی	
new registered agent and/or the new registered office as	daress.		<u>-</u>	5	
Name of New Registered Agent			<u> </u>		1 1 1
771		•••		٠, <u></u> 	
(P-10)	rida street address)		75) [77]	5 - 5	
New Registered Office Address:	(City)		_, Florida!	<u> </u>	
	terůà		ľ	Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and ac	cept the obligatio	ns of the positi	on.	
Signature of 1	New Registered A	gent, if changing	.		
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120	0 (11) (e), F.S.				

Example:

(((H21000070396 3)))

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 = Chainnan 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.

X.Change	PT Johr	<u>1 Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	MELANIE SCHAREN	1450 BRICKELL AVE.
Add	*****		23RD FLOOR
X Remove			MIAMI, FL 33131
2) Change	P	Aaron Goldsmith	2625 SW 148th Avenue
X Add			Davie, FL 33331
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u>.</u>		
Add			
Remove			
6) Change	••••		
Add			
Remove			

2/19/2021 3:03:58 PM PAGE

The date of each amendment(s) ad	aption:	if other than the
late this document was signed.	•	
Effective date <u>if applicable</u> :	(160 more than 90 days after amendment file date)	
Note: If the date inserted in this b focument's effective date on the De	lock does not meet the applicable statutary filling requirements, this dat partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was were add action was not required.	spied by the incorporators, or board of directors without shareholder acti-	on and shareholder
The amendment(s) was/ware add by the shareholders was/ware st	opted by the shareholders. The number of votes cast for the amendment officient for approval.	(5)
The amendment(s) was were ap tass! he separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled in vote separately on the amountment(s):	aers .
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
<i>b</i> y		
	(voting group)	
Signature (By a	director, president or other officer - if directors or officers have not need	· · · · · · · · · · · · · · · · · · ·
select appoi	ed, by an incorporator - If in the hands of a receiver, trustee, or other council fiduciary by that fiduciary)	uri
	Dyped or printed name of person signing)	
	(Typed or printed name of person signing)	
	Michigan Sequenterly (Title of person signing)	
	(Title of person signing)	