P23000061335

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: EQUESTRIAN A	RTISANS CO.				
	MBER: P23000061335					
	les of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
ILENE M. TOGNINI, ESQ.						
Name of Contact Person						
	EQUES LAW PA					
Firm/ Company						
12161 KEN ADAMS WAY STE 213						
Address						
WELLINGTON, FL 33414						
City/ State and Zip Code						
	ADMIN@EQUESLAW.US					
	E-mail address: (to be us	ed for future annual report	notification)	ۇ ، ور . ور ي		
For further information	tion concerning this matter, pleas	se call:				
ILENE M. TOGNINI, ESQ. at (540) 687-5775						
Narr	e of Contact Person	Атеа Со	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	<u>ن</u> ن		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	, <i>-</i>		

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment Articles of Incorporation

		of		
EQUESTRIAN ARTISANS CO.				
(Name	of Corporation as curre	ntly filed with the Florida De	pt. of State)	
P23000061335				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	s Florida Profit Corporation	adopts the following a	.mendment(s) t
A. If amending name, enter the new n	name of the corporation:		7	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association.	Corp," "Inc," or "Co".	A professional corporation	l" or the abbreviation	"Corp"
B. Enter new principal office address,	N/A			
(Principal office address MUST BE A STREET ADDRESS)		N/A		
	N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
	N/A			
	N/A			
D. If amending the registered agent as	nd/or registered office ad	dress in Florida, enter the na	ame of the	
new registered agent and/or the ne		<u>ss:</u>		دن
Name of New Registered Agent	N/A			~*1
	N/A			 بن
	(Florida s	street address)		
New Registered Office Address:	N/A		. Florida N/A	;A
		(City)	, Tiorida (Lip Cod	(e)
			. ,	•

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.

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)

6) ____ Change

Add

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 Doe X Remove Y Mike Jones \underline{X} Add ŞΥ Sally Smith Type of Action Title Name Address (Check One) P, D SAWYER, BRIANNA 19444 VIA DEL CABALLO 1) ____ Change YORBA LINDA, CA 92886 Add Remove P, D SAWYER, BRIANNE 19444 VIA DEL CABALLO 2) ____ Change YORBA LINDA, CA 92886 Add Remove VP.S.D SAWYER, LUKE 3) X Change 19444 VIA DEL CABALLO YORBA LINDA, CA 92886 _ Add _ Remove 4) ____ Change __ Add __ Remove 5) ____ Change ____ Add Remove

9593 KUV 13 Fil 3: 31

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Ž		
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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
V	(voting group)	
11/01/202:	3	5007 HUW 13
Dated		قب ب
<u></u>		
Signature Luke Sa	wyer (Nov 1, 2023 16:28 PDT) lirector, president or other officer – if directors or officers have not been	
(Dy a C	ind. by an incorporator – if in the hands of a receiver, trustee, or other court	<i>ن.</i>
appoir	eted fiduciary by that fiduciary)	
	LUKE SAWYER	نې .
	(Typed or printed name of person signing)	
	VICE PRESIDENT	•
	(Title of person signing)	