## 107000104594

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2021 July - 9 PH 4: 3

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195
REFERENCE	: 898969 4300426
AUTHORIZATION	: Spulle man
COST LIMIT	: \$ 25.00
ORDER DATE : July 9, 2021	
ORDER TIME : 1:31 PM	
ORDER NO. : 898969-010	
CUSTOMER NO: 4300426	
DOMESTIC AM	ENDMENT FILING
NAME: EQUESTRIAN SPOR	RT PRODUCTIONS,
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOM	RPORATION
PLEASE RETURN THE FOLLOWING AS I	PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STAY	NDING
CONTACT PERSON: Alexxis Weiland	d EXT# 61592

EXAMINER'S INITIALS:

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:		AN SPORT PRODUCTIONS	, LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Mary Ann Casey		
			Name of Person	
		Winston & Strawn LLP		
			Firm/Company	<del></del>
		200 Park Avenue		
			Address	
		New York, NY 10166		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	ation)
For further in	iformation coi	ncerning this matter, please ca	all:	
Mary Ann C	asey		212 294-5386	
	Name of I	Person	at () Area Code Daytime T	Felephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

**Registration Section** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUESTRIAN SPORT PRODUCTION		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del> </del>
	ility Company were filed on October 15, 2007	and assigned
Florida document number L07000104594	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	2X)	
3. If amending the registered agent and/or	registered office address on our records, en	ter the name of the
egistered agent and/or the new registered offic		٠,٠٠٠
Name of New Registered Agent:		, ō, ``
<u> </u>		<i></i>
New Registered Office Address:	Enter Florida street address	1 73.
	izuer purtua sireci adaress	
_	, Florida	
	Cirv	Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	MARK J BELLISSIMO	14440 PIERSON ROAD	
		WELLINGTON, FL 33414	■ Remove
			Change
Secretary	MICHAEL STONE	14440 PIERSON ROAD	
		WELLINGTON, FL 33414	☐ Remove
			Change
AMBR	Palm Beach International Equestria	14440 PIERSON ROAD	■ Add
	WELLINGTON, FL 33414	☐ Remove	
			Change
			☐ Remove
			□ Change
		<del></del>	Add
		☐ Remove	
			□ Change
			□ Remove
			□ Change

Effec	tive date, if other than the date of filing:(optional)
11 411 (-1	rective traile is listed, the date must be specific and connect be private to the contract by
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
JOCUI.	of the Department of State's records.
uocur	
ne re	cord specifies a delayed effective date, but not an effective time, at 13.01
ne re	cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of $2:01~a.m$ .
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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Page 3 of 3

Filing Fee: \$25.00