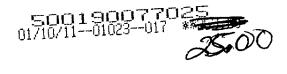
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(Requestor's Name)
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T. CLINE
JAN 11 2011
EXAMINER

## **COVER LETTER**

TO; Registratio	on Section Corporations			
SUBJECT:	BOSTW	ICK POLO, LLC		
	Name of Lim	ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corr	respondence concerning this matter	r to the following:		
	· F	RICHARD BOSTWICK		
	<del></del>			
	BOSTWICK	CEQUINE ENTERPRISES, IN	NC	
		Firm/Company	-	
12500 SUNNYDALE DRIVE				
		Address		
	W	ELLINGTON, FL 33414		
		City/State and Zip Code		
		stwickstables@aol.com to be used for future annual report notifica	tion)	
For further informati	ion concerning this matter, please of	call:	201 TAL	
RIC	CHARD BOSTWICK	at (561) 70	67-0729 AFT A	ALIN SANG
	ame of Person	Area Code & Daytime T		}
Enclosed is a check	for the following amount:			ئىمىر. ئىمىرى
\$25.00 Filing Fee	e \$\sum_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)
			(accinonal copy to diferen	,
MAILING ADDRESS.		STREET/COURIE	RADDRESS:	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOST	WICK POLO, LLC			
(Name of the Limited Liabili (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	03/18/2009	and assigned	
Florida document numberL0900026691	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	DRESS)			
	<u> </u>	7	20)	
		<b>&gt;</b>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		(A	- Indiana	
	····		Man ( )	
	<del></del>	(学	5 %	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:		<u></u>		
New Registered Office Address:			<u> </u>	
	Eı	nter Florida street addr	ess	
	, Florida			
	City		Zip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action **Name Address** <u>Title</u> MGRM RICHARD BOSTWICK 12500 SUNNYDALE DRIVE ☐ Add √ Remove WELLINGTON, FL 33414 bostwick Equine MGRM 12500 SUNNYDALE DRIVE Remove WELLINGTON, FL 33414 Add A Remove Remove Remove. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary).) JANUARY 3 Dated Signature of a member or authorized representative of a member RICHARD BOSTWICK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00