LIZOUIZ4607

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER



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TO:

Registration Section .
Division of Corporations

SHRIFCT.

JSPA MARKETING, LLC

listed previously as

USPA

Brand LLC

TO PRESENTE OF THE PRINCIPLE OF THE PRIN

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANITA BROWN

Name of Person

UNITED STATES POLO ASSOCIATION

Firm/Company

4037 IRON WORKS PKWY, STE 110

Address

LEXINGTON, KY 40511

City/State and Zip Code

abrown@uspolo.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANITA BROWN

_{4,6}859,219-100

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USPA BRAND, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CONTRACTOR OF THE PARTY OF THE

The Articles of Organization for this Limited L	iability Compar	ny were filed on 10-12-12	and assigned
Florida document number L12000124607	<u>.</u>		Tool of
This amendment is submitted to amend the following	owing:		Op.
A. If amending name, enter the new name of	f the limited lia	ability company here:	
USPA MARKETING, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lir	mited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
B. If amending the registered agent and/ registered agent and/or the new registered of			cords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Flor	rida street address
			, 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Kemere	
			— —	
			Remove	
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			Add	
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). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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-				
ated	November 29, 2012.			
	Pote & Bro			
	righatue of thember or authorized representative of a member			
	PETER J. RIZZO			
	Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00