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S. YOUNG

COVER LETTER

TO:	Registration Se Division of Co		1 4		
SUBJE	WEP Polo	Operations, LLC			
00000		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	_		
		Daniel S. Rosenbaum			
			Name of Person		
		Rosenbaum Mollengarden	PLLC		
			Firm/Company		చి చ్చా
		250 S. Australian Ave, 5th	Floor		びに
			Address		TATASTE 25
		West Palm Beach, Florida	33401		-m (*)
			City/State and Zip Code		्र 😥 🔄
		drosenbaum@r-mlaw.com			G is
For furth	er information o	E-mail address: (to be used for future annual repor	t notification)	r
	. Rosenbaum	and maner, product	561 653-290	00	
	Name o	r Person	at ()	aytime Telephone Number	_
Enclosed	l is a check for t	he following amount:	•		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		of Status &
		ING ADDRESS:	STREET/CO	URIER 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

WEP Polo Operations, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	ds.)
he Articles of Organization for this Limited Liability C	Company were filed on 3/31/2016	and assigned
lorida document number L16000064334		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 6
Principal office address MUST BE A STREET ADDR	RESS)	
		B SEE
Enter new mailing address, if applicable:		ro 64
Mailing address MAY BE A POST OFFICE BOX)		क्ष इति
3. If amending the registered agent and/or regist		s, enter the name of the
egistered agent and/or the new registered office addr	<u>(css uci c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	33
		orida
	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 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	Type of Action
P	Michael Stone	14440 Pierson Road	■ Add
		Wellington, Florida 33414	Remove
			Change
			☐ Add
			□ Remove
			☐ Change
			B Add:
			Remove Change Add
			□ Remove
			☐ Change
			D Add
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Filing Fee: \$25.00