## L18 000 206869

. (Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

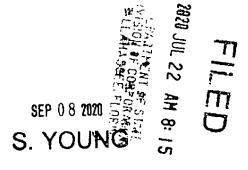
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## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	rporations	7			
LOXA PO	LO LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing			
		<u>-</u>			
Please return all correspo	ondence concerning this matter	to the following:			
	JONATHAN HARTZ				
		Name of Person			
	MCGUIRE SPONSEL				
		Firm/Company			
	201 N. ILLINOIS STREE	T #1000			
		Address			
	INDIANAPOLIS, IN 462	04			
		City/State and Zip Code			
	JHARTZ@MCGUIRESPC				
		to be used for future annual report not	tification)		
For further information c	oncerning this matter, please c	all:			
JONATHAN HARTZ		317 564-5011 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$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)		
Mailing Addres Registration S	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- ::

LOXA POLO LLC		The T		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.)	22		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000206869}{L18000206869}$ .		Trand assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
STABLEDOOR POLO LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	12765 FOREST HILLS BOULEV.	ARD		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 1302			
	WELLINGTON, FL 33414			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	<del></del>			
	Enter Florida street address			
	, Florid			
	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
MGR	MARTIN VALENT	12765 FOREST HILLS BOULEVARD, SUITE 130	2 <b>≡</b> Add
		WELLINGTON, FL 33414	□Remove
			□Change
			□Add
			□Remove
			□Change
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If an effective date in Note: If the date	inserted in this bloc	e specific and cannot be prio	cable statutory filing	(optional) re than 90 days after filing.) Pu requirements, this date wil	rsuant to 605.0207 (3)( I not be listed as the
ne record specifies ord is filed.	a delayed effective o	date, but not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b) The 90	Oth day after the
Dated JULY	17	2020	·		
	NI	gnature of a member or auth  J SCHUARZ  Typed or prin			
	- Jajan	gnature of a member or auth	norized representative (	f a member	
	7	ς γ	, , , , , , , , , , , , , , , , , , , ,		
	TEDDER	J SCHUARZ			
		Typed or prin	ted name of signee		

. . . .

Filing Fee: \$25.00