12/9/24, 10.52 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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9	an	nual	report	t mailin	gs.	Enter	only o	one	email	add	res	s ple	ase.	**

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T博<mark>E</mark>至NTERNATIONAL POLO TOUR GLOBAL OPERATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Help

Tallahassee, FL 32314

To:

## **COVER LETTER**

TO: Registration Division of C			
THE IN	TERNATIONAL POLO TOUR	GLOBAL OPERATIONS	LLC
SUBJECT:	Name of Lim	ited Linbility Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Mike Town		
		Name of Person	<u> </u>
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
		City/State and Zip Code	
	tareqsalahi@gmail.com		
C C A C A C		to be used for future annual re	rport notification)
For further information	n concerning this matter, please ca		
Mike Town		at () 773 Area Code	Daytime Telephone Number
Nain	e of Person	Area Code	Daytime Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Regi Divi	ILING ADDRESS: stration Section sion of Corporations Box 6327	Registratio	of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE INTERNATIONAL POLO TOUR GLOBAL OPERATIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/04/2021}{1}$ and assigned Florida document number <u>L21000013341</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 12389 Equine Lane Enter new principal offices address, if applicable: Wellington, FL 33414 (Principal office address MUST BE A STREET ADDRESS) 12389 Equine Lane Enter new mailing address, if applicable: Wellington, FL 33414 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_

#### 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.

Cur

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:

13236068205

MGR = Manager AMBR = Authorized Member

Page: 10 of 11

<u>Title</u>	Name	Address	Type of Action
AMBR	Lisa Spoden		
			☐ Remove
		12389 Equine Lane Wellington, FL 33414	■ Change
AMBR	Tareq Salahi		□ Add
			☐ Remove
		12389 Equine Lane Wellington, FL 33414	■ Change
			□ Remove
			Change
			□ Remove
			□ Change
			□ Remove
			Change
			☐ Remove
			□ Change

	Page; 11 of 11	2024-12-09 15:10:55 PST	13236068205	From: Rajiv
f amendi	ng any other information,	enter change(s) here: (Attach a	additional sheets, if necessary.)	
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an effective Soter If th	e date is listed, the date must be sp e date inserted in this block de	oes not meet the applicable statutur	ry filing requirements, this date will not be	ne listed as the
locument's	effective date on the Departr	nent of State's records.	,g	
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			tive time, at 12:01 a.m. on the	earlier of:
The 90t	h day after the record i	s filed.		
12/0 pated	99/2024 			
		·		
	/S/ Tareq Salahi			
		dure of a member or authorized represe	ulabas of a member	
	Signa	BELL OF A RICHIES FOR AURIOTIZED TENICSC	anacise Os a member	
	_			
	Tareq Salahi			

To.

Page 3 of 3

Filing Fee: \$25.00