MI 0000 4368

| (Requestor's Name) |
|---|
| (Inequesions Harrie) |
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| |
| Special Instructions to Filing Officer: |
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| LIODNE |
| J. HORNE |
| MAR - 7 2023 |
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Office Use Only



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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

| D | ate: 03/06/2023 |
|--|---|
| | Acc#I20160000072 |
| Name: | Club Car, LLC |
| Document #: | |
| Order #: | 14818960 |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: | Country of Destination: Number of Certs: |
| Filing: | Certified: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 55.00 |

Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears | on the records of the Florida Department of |
|--|---|
| State: Club Car, LLC | |
| Enter new principal office address, if applicable: | ZOZ |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | AME SECOND |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | AH 1: 03 |
| 2. The Florida document number of this limited liab | oility company is: M1100004368 |
| 3. Jurisdiction of its organization: Delaware | |
| | 11 |
| SECTION II (5-9 complete only the applicable c | hanges) |
| 5. New name of the limited liability company: (must | contain "Limited Liability Company." "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C | for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name of "LLC.") |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office ad | d officer address on our records, enter the name of the new dress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida Street Address |
| | , Florida |
| | City Zip Code |
| the provisions of all statutes relative to the proper of and accept the obligations of my position as register. | at and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ared agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited |
| - If CI | nanging Registered Agent. Signature of New Registered Agent |

| de/ Capacity | <u>Name</u> | Address Ty | pe of Actic |
|--------------|--|--|-----------------|
| esident | Mark C. Wagner | 4125 Washington Road, Evans, GA 30809 | _ ⊼ l∧dd |
| | | | □Rem |
| FO | Haresh Shah | 4125 Washington Road, Evans, GA 30809 | ≫ Add |
| | | | □Rem |
| | | | _ |
| | | | □Rem |
| | | | |
| | | | □Ren |
| | | | □Ado |
| aforementio | a certificate, if required: no more ned amendment(s), duly authenti under the law of which this entity | than 90 days old, evidencing the icated by the official having custody of records in the y is organized. | □Ren |

Filing Fee: \$25.00