7120001637

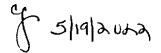
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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RECTIVED FOR ED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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)

2022 HAY 18 AM 10: 52

Name of limited liability Comp State: PF Country Club, LLC	pany as it appears	on the records of the Flo	rida Department of	Sio. TALLkis.
Enter new principal office address	s, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	<u>(S)</u>			
Enter new mailing address, if app (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>				
2. The Florida document number of	of this limited liab	pility company is: M1200	00001637	
3. Jurisdiction of its organization:	Delaware			
4. Date authorized to do business	in Florida: 03/22	2/2012		<u></u>
SECTION II (5-9 complete only 5. New name of the limited liabile	GF	P Country Club, LLC		
	(must	contain "Limited Liabilit	y Company, " "L.L.	C" or "LLC.")
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability C	managers or man	aging members adopting		
6. If amending the registered agen registered agent and/or the new re			ecords, enter the nan	ne of the new
Name of New Registered Agent:	Scott Linsky			
New Registered Office Address:	11760 West Sar	mple Road, Suite 105		
	Corr	Enter F al Springs	lorida Street Addres	
		City	, Florida <u>`</u>	33065 <i>Zip Code</i>

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 charge.

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment	changes person, title	or capacity in acc	ordance with 605.0902 (1)(e), indica	te that change:
Title/ Capacity	<u>Name</u>		<u>Address</u>	Type of Ac
				DA
				□R
				□R€
				□Re
	<u> </u>			DA
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				□A
				□Re
aforementioned an		uthenticated by th	ys old, evidencing the e official having custody of records ed.	in the
	thi	Signature of the	authorized representative	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PF COUNTRY CLUB, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GFP COUNTRY CLUB, LLC" ON THE NINETEENTH DAY OF APRIL, A.D. 2022, AT 3:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203455880

Date: 05-17-22

5123464 8320 SR# 20222084540