Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I23080000045 Phone : (302)645-7400 Fax Number : (302)645-1230

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: USRUBINOV@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLFGATE CAPITAL MANAGEMENT, LLC

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EXAMINER

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(((H18000254011 3)))

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 reconstant: State: GOLFGATE CAPITAL MANAGEME	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	M1800005203
2. The Florida document number of this limited liability comp	sany is:
Jurisdiction of its organization: Delaware	- A
4. Date authorized to do business in Florida: 06/01/201	8 :
(If name unavailable, enter alternate name adopted for the pureopy of the written consent of the managers or managing menust contain "Limited Liability Company," "L.L.C." or "LLC."	pose of transacting business in Florida and attach a inhers adopting the alternate name. The alternate name [27]
 If amending the registered agent and/or registered officer a registered agent and/or the new registered office address here 	<u>.</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	. Florida Zip Code
	gent: oe to act in this capacity. I further agree to comply with lete performance of my duties, and I am familiar with t as provided for in Chapter 605, F.S. Or, if this istered office address, I hereby confirm that the himsed
1	

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If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
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aforementioned a	the law of which this entity is	ed by the othern having custody of recove organized.	Is in the	
		ie of the authorized representative		
	Uriel Rub	i nov r printed name of signee		

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GOLFGATE CAPITAL, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GOLFGATE CAPITAL MANAGEMENT, LLC" ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018, AT 9:55 O'CLOCK A.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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLFGATE CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2018.



6888532 8320 SR# 20186423214 Authentication: 203336291

Date: 08-29-18