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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOPGOLF USA WPB, LLC

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OCT 11 2413

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 appear	ars on the records of the Florida Department of		
State: Topgolf USA WPB, LLC			
	8,		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited is	iability company is: M18000009702		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 10.	/26/2018		
SECTION II (5-9 complete only the applicable	changes)		
New name of the limited liability company: (mu	ist contain "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manual contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name C." or "LLC.")		
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address;	Enter Florida Street Address		
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited		
.— <u>If</u> (Changing Registered Agent, Signature of New Registered Agent		

3

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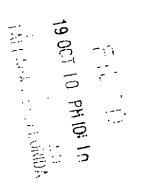
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		the authorized representative	
	Eldridge Burns	and the second of the second o	
	Typed or pri	inted name of signee	

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'TOPGOLF USA WPB, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'TOPGOLF USA PPB, LLC' ON THE EIGHTH DAY OF OCTOBER, A.D. 2019, AT 2:25 O'CLOCK P.M.





7113369 8320 SR# 20197486980 Authentication: 203767448

Date: 10-10-19