

Division of Corporations

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ma1000067711

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 : LAW OFFICES OF PAUL A. LESTER, P.A.
Account Number : I20110000058
Phone : (305) 350-5344
Fax Number : (305) 373-2294

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DISCOVERY NAPLES MANAGEMENT, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

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FEB 18 2022
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H22000062196

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: DISCOVERY NAPLES MANAGEMENT, LLC

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

2. The Florida document number of this limited liability company is: M21000007711

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/18/2021

SECTION II (5-9 complete only the applicable changes)

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 for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 _____
City Zip Code

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.

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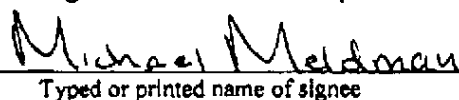
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------|-----------------------|----------------------------|--|
| VP | Michael Andrew Gazlay | c/o 125 Worth Avenue, #300 | <input type="checkbox"/> Add |
| | | Palm Beach, FL 33480 | <input checked="" type="checkbox"/> Remove |
| VP | Chris Stutts | 125 Worth Avenue, #300 | <input checked="" type="checkbox"/> Add |
| | | Palm Beach, FL 33480 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative


Typed or printed name of signee

Filing Fee: \$25.00

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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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF 'DISCOVERY NAPLES
MANAGEMENT, LLC', FILED IN THIS OFFICE ON THE EIGHTH DAY OF
FEBRUARY, A.D. 2022, AT 10:46 O'CLOCK A.M.



6001899 8100
SR# 20220510338

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202660966
Date: 02-15-22

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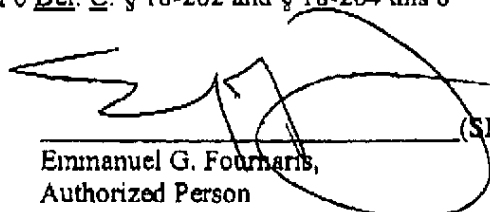
State of Delaware
Secretary of State
Division of Corporations
Delivered 10:46 AM 02/08/2022
FILED 10:46 AM 02/08/2022
SR 20220412118 - File Number 6001899

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
DISCOVERY NAPLES MANAGEMENT, LLC**

The undersigned, being an authorized person for purposes of executing this Certificate of Amendment on behalf of Discovery Naples Management, LLC, a Delaware limited liability company (the "L.L.C."), desiring to comply with the requirements of 6 Del. C. § 18-202 and the other provisions of the Delaware Limited Liability Company Act, 6 Del. C. § 18-101, et seq. (the "Act"), hereby certifies as follows:

1. Name of the L.L.C. - The name of the L.L.C. is Discovery Naples Management, LLC.
2. Amendment of Certificate of Formation - The Certificate of Formation of the L.L.C. is amended by adding Article 3 as follows:
3. The Vice President of the Company is Chris Stutts.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Amendment in accordance with the provisions of 6 Del. C. § 18-202 and § 18-204 this 8th day of February, 2022.


Emmanuel G. Fournaris,
Authorized Person

(SEAL)

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