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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
WGC 97TH PROPERTY, LLC

| | |
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T. LEMIEUX
MAY 17 2024

**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: WGC 97TH PROPERTY, LLC

Enter new principal office address, if applicable: 1051 Boston Post Road, Suite 2R

(Principal office address

MUST BE A STREET ADDRESS)

Darien, CT 06820

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1051 Boston Post Road, Suite 2R

Darien, CT 06820

2. The Florida document number of this limited liability company is: M22000000857

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/18/2022

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.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 3D4E464C-B225-4D4B-A2A5-58ADAED9ABC

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> |
|----------------------------------|-------------------------------|--|---|
| <u>Authorized Signatory</u> | <u>David Archibald</u> | <u>1051 Boston Post Road, Suite 2R</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Darien, CT 06820</u> | <input type="checkbox"/> Remove |
| <u>Authorized Member</u> | <u>WGC 97th Holdings, LLC</u> | <u>1051 Boston Post Road, Suite 2R</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Darien, CT 06820</u> | <input type="checkbox"/> Remove |
| <u>Authorized Member</u> | <u>Klaas Vlietstra</u> | <u>1051 Boston Post Road, Suite 2R</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Darien, CT 06820</u> | <input type="checkbox"/> Remove |
| <u>Authorized Representative</u> | <u>Drew DeWitt</u> | <u>1051 Boston Post Road, Suite 2R</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Darien, CT 06820</u> | <input type="checkbox"/> Remove |
| | <u>*see additional page</u> | <u></u> | <input type="checkbox"/> Add |
| | | | <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.


Digitally signed by Drew DeWitt, DN: cn=Drew DeWitt, o=WGC 97th Holdings, LLC, ou=, email=Drew.Dewitt@wgc97th.com, c=US

Signature of the authorized representative

Drew DeWitt

Typed or printed name of signee

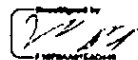
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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> |
|---------------------------|------------------------|-------------------------|--|
| Authorized Member | WGC 97th Holdings, LLC | 1051 Post Road, Suite 2 | <input type="checkbox"/> Add |
| | | Darien, CT 06820 | <input checked="" type="checkbox"/> Remove |
| Authorized Member | Klaas Vlietstra | 1051 Post Road, Suite 2 | <input type="checkbox"/> Add |
| | | Darien, CT 06820 | <input checked="" type="checkbox"/> Remove |
| Authorized Representative | Drew DeWitt | 1051 Post Road, Suite 2 | <input type="checkbox"/> Add |
| | | Darien CT, 06820 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <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

Drew DeWitt

Typed or printed name of signee

Filing Fee: \$25.00