(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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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	s on the records of the Florida Departs	ment of	
State: ATLANTIC FIELDS CLUB, LLC			
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 FEB 21	η =
<u></u>			Ŧì
2. The Florida document number of this limited lia	bility company is: M22000013567	F. F. F.	フ
3. Jurisdiction of its organization: DE			
4. Date authorized to do business in Florida: 08/30	0/2022		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mus	t contain "Limited Liability Company	/, " "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	naging members adopting the alternat	ss in Florida and attach a te name. The alternate name	e
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our records, ente ddress here:	er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	7		
	Enter Florida Stre		
	City	Florida <u>Zip Code</u>	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I and complete performance of my dut ered agent as provided for in Chapte, in the registered office address, I her	ies, and I am familiar with r 605, F.S. Or, if this	
- If C	hanging Registered Agent, Signature	of New Registered Agent	

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address	Type of A	
Manager	Discovery Managers, LLC	14605 N 73rd St,	□	
		SCOTTSDALE, AZ 85260		
Manager	Atlantic Fields Club Manager, LLC	14605 N 73rd St,	×	
		SCOTTSDALE, AZ 85260	0	
			C	
				
			□	
aforementio	under the law of which this entity is we	y the official having custody of records in the	he	

Filing Fee: \$25.00