

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000113014

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(((H22000255980 3)))



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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : WHITE/PETERMAN PROPERTIES, INC.
 Account Number : I20210000047
 Phone : (219)757-3730
 Fax Number : (219)680-4255

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

Email Address: smustafa@whitepeterman.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 WPPI BUCCANEER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 JUL 29 AM 11:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 JUL 29 AM 11:39

APPROVED
 AND
 FILED

Fax Audit Number: H22000255980 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WPPI BUCCANEER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/18/2021 and assigned Florida document number 1,21000113014.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2881 Placida Road

(Principal office address MUST BE A STREET ADDRESS)

Suite 205

Englewood, Florida 34224

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

