

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000031A

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H230003724213ABCY

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

From:  
 Account Name : WHITE/PETERMAN PROPERTIES, INC.  
 Account Number : 120210000047  
 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

RECEIVED  
 DIVISION OF CORPORATIONS  
 FLORIDA  
 OCT 25 11 31 AM '23

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**SPAINARDS RD 310, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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2023 OCT 25 PM 12:36

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Spaniards Rd 310, LLC

[NOTE THAT THE NAME ABOVE IS CORRECT PER THE ARTICLES. BUT SUNBIZ INCORRECTLY SHOWS IT AS "SPAINARDS"]

(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

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:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 AP = Authorized Person  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Foster, Michael	411 Park Ave.	<input type="checkbox"/> Add
		STE 3	<input checked="" type="checkbox"/> Remove
		Boca Grande, FL 33921	<input type="checkbox"/> Change
MGR	Peterman, John M.	909 10 Street S.	<input type="checkbox"/> Add
		Unit 302	<input checked="" type="checkbox"/> Remove
		Naples, FL 34102	<input type="checkbox"/> Change
MGR	WMB Corp.	9800 Connecticut Dr	<input checked="" type="checkbox"/> Add
		Suite A1-100	<input type="checkbox"/> Remove
		Crown Point, IN 46307	<input type="checkbox"/> Change
AP	Aдриene Melvin, President	411 Park Ave	<input checked="" type="checkbox"/> Add
		Suite 3	<input type="checkbox"/> Remove
		Boca Grande, FL 33921	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

