

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L18000179335**

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(shown below) on the top and bottom of all pages of the document.

(((H22000221283 3)))



H220002212833ABCW

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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  
VIEW FLORIDA-NB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 JUN 27 PM 12:16

APPROVED  
AND  
FILED

2022 JUN 27 PM 4:46

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Corporate Filing Menu

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JUN 28 2022

K. Brumley

Fax Audit Number:H22000221283 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

View Florida-NB , 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 7/26/2018 and assigned  
Florida document number L18000179335.

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

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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>
MGR	VIEW OUTDOOR ADVERTISING, LLC	9800 Connecticut Dr	<input type="checkbox"/> Add
		Crown Point, IN 46307	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIEW OUTDOOR, LLC	2225 East Edgewood Dr.	<input checked="" type="checkbox"/> Add
		Suite 11	<input type="checkbox"/> Remove
		Lakeland, Florida 33803	<input type="checkbox"/> Change
PRESIDENT	PETE SCHROEDER	9800 Connecticut Dr	<input checked="" type="checkbox"/> Add
		Suite A1-100	<input type="checkbox"/> Remove
		Crown Point, IN 46307	<input type="checkbox"/> Change
VICE PRESIDENT	MICHAEL SCHROEDER	2225 East Edgewood Dr.	<input checked="" type="checkbox"/> Add
		Suite 11	<input type="checkbox"/> Remove
		Lakeland, Florida 33803	<input type="checkbox"/> Change
TREASURER	KEVIN CARLSON	9800 Connecticut Dr	<input checked="" type="checkbox"/> Add
		Suite A1-100	<input type="checkbox"/> Remove
		Crown Point, IN 46307	<input type="checkbox"/> Change
SECRETARY	JASON WEISLER	9800 Connecticut Dr	<input checked="" type="checkbox"/> Add
		Suite A1-100	<input type="checkbox"/> Remove
		Crown Point, IN 46307	<input type="checkbox"/> Change

**Filing Fee: \$25.00**