47000029194

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Co | rporations | | |
|----------------------------|---|---|---|
| OLUB III OM | Green/Caddell JV, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Robert Fabbro | | |
| | | Name of Person | |
| | Whitesell-Green/Caddell J | V, LLC | |
| | | Firm/Company | |
| | 3881 N. Palafox St. | | |
| | | Address | |
| | Pensacola, FL 32505 | | |
| | | City/State and Zip Code | |
| | bng@cpabizzness.com | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please ca | all: | |
| Rob | | 850 434-5311 at () | |
| Name o | i Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Whitesell-Green/Caddell JV, LLC | | |
|--|--|----------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our record imited Liability Company) | is.) |
| The Articles of Organization for this Limited Liability Con | npany were filed on 2/6/17 | and assigned |
| lorida document number L17000029194 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limite | d liability company here: | |
| ne new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC | "O" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | لاستار ئاد ج |
| Principal office address MUST BE A STREET ADDRE. | <u> </u> | • • |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| . If amending the registered agent and/or register | red office address on our record | s, enter the name of the |
| gistered agent and/or the new registered office addres | ss here: | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | SS . |
| | ,Fl | orida |
| | 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

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> | Address | Type of Action |
|--------------|----------------|----------------------|------------------|
| Р | Edward Stewart | P.O. Box 210099 | |
| | | Montgomery, AL 36121 | Remove |
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| ective date, if other than the date of filing: | (optional) |
| n effective date is listed, the date must be specific and cannot be prior to date of filing or mate: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records. | ore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed a |
| record specifies a delayed effective date, but not an effective the 90th day after the record is filed. | ime, at 12:01 a.m. on the earlier |
| ned APPAL 6 2017 | |
| | |
| Signature of a member or authorized representative | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00