

L18000068694

Florida Department of State
Division of Corporations
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((H22000220258 3))



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To:

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

From:

Account Name : WHITE/PETERMAN PROPERTIES, INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIEW FLORIDA, LLC

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Fax Audit Number: H22000220258 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

View Florida, 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 3/16/2018 and assigned Florida document number L18000068694.

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

AMBR = Authorized Member

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 27, 2022

Signature of a member or authorized representative of a member

JASON WEISLER, SECRETARY

Typed or printed name of signee