

L21000051561

Florida Department of State
Division of Corporations
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((H22000039730 3)))



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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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINE RIDGE RD. LLC

Certificate of Status	0
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2022 JAN 31 PM 1:23

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TALLAHASSEE, FLORIDA

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K. SALY

FEB - 1 2022

Fax Audit No: H22000039730 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 9, 2021 and assigned
Florida document number L21000051561.

This amendment is submitted to amend the following:

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

Pine Ridge Rd. 1251, LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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

2026
JAN 12 10 11 AM
FALL HARBOR, FLORIDA

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Typed or printed name of signee