

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000519902

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((H22000209553 3)))



H22000209553ABC

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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 OUTDOOR, LLC**

Certificate of Status	0
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2022 JUN 16 PM 12:42

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Corporate Filing Menu

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JUN 17 2022
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2022 JUN 16 PM 5:10

STATE OF FLORIDA
DIVISION OF STATE
FALLS, FLORIDA

FAX AUDIT NUMBER H22000209553 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

View Outdoor, 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 12/10/2021 and assigned
Florida document number L21000519902.

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)

2225 East Edgewood Dr.

Suite 11

Lakeland, Florida 33803

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>
AP	Kevin Carlson	9800 Connecticut Drive	<input type="checkbox"/> Add
		Suite A1-100	<input checked="" type="checkbox"/> Remove
		Crown Point, IN 46307	<input type="checkbox"/> Change
AP	Pete Schroeder	9800 Connecticut Drive	<input type="checkbox"/> Add
		Suite A1-100	<input checked="" type="checkbox"/> Remove
		Crown Point, IN 46307	<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
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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

Dated June 16, 2022


Signature of a member or authorized representative of a member

Jason Weisler, Secretary of the Manager

Typed or printed name of signee

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Filing Fee: \$25.00