



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000372421 3)))



H230003724213ABCV

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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
SPAINARDS RD 310, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spaniards Rd 310, LLC

[NOTE THAT THE NAME ABOVE IS CORRECT PER THE ARTICLES. BUT SUNBIZ INCORRECTLY SHOWS IT AS "SPAINARDS"]

(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 _____ and assigned
Florida document number _____.

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 AP = Authorized Person

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|-----------------------|--|
| MGR | Foster, Michael | 411 Park Ave. | <input type="checkbox"/> Add |
| | | STE 3 | <input checked="" type="checkbox"/> Remove |
| | | Boca Grande, FL 33921 | <input type="checkbox"/> Change |
| MGR | Peterman, John M. | 909 10 Street S. | <input type="checkbox"/> Add |
| | | Unit 302 | <input checked="" type="checkbox"/> Remove |
| | | Naples, FL 34102 | <input type="checkbox"/> Change |
| MGR | WMB Corp. | 9800 Connecticut Dr | <input checked="" type="checkbox"/> Add |
| | | Suite A1-100 | <input type="checkbox"/> Remove |
| | | Crown Point, IN 46307 | <input type="checkbox"/> Change |
| AP | Aдриene Melvin, President | 411 Park Ave | <input checked="" type="checkbox"/> Add |
| | | Suite 3 | <input type="checkbox"/> Remove |
| | | Boca Grande, FL 33921 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

