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(((H230001813053)))



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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 SPYGLASS 170, LLC

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Help

T. LEMIEUX

Fax Audit # H23000181305 3

To

ARTICLES OF AMENDMENT > TO ARTICLES OF ORGANIZATION OF

a		Or	¥	•	•
Spygtass 17	n, LLC				
	(Name of the Limited Lis (A Flo	ability Company as it orida Limited Liability	now appears on our r Company)	rcor ds.)	
	ion for this Limited Liabilit L22000011704	ty Company were t	iled on January 10,	2022	and assigned
	ited to amend the following	ī.			
. If amending name, <u>e</u>	nter the new name of the	limited liability co	mpany here:		
ne new name must be disting	uishable and contain the words "	Limited Liability Con	pany," the designation	"LLC" or the abbr	eviation "L.L C."
nter new principal offi	ces address, if applicable:				
Principal office address	MUST BE A STREET AL	DRESS)			
nter new mailing addr					
<u>lailing address MAY B</u>	<u>E A POST OFFICE BOX</u>	<u> </u>		_=	
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If amounting the gozie	tered agent and/or registe				202
ent and/or the new reg	<u>gistered office address her</u>	eren omee andres: <u>'e</u> :	s on our records, <u>e</u>	nter the name o	of the new register
Name of New R	egistered Agent:				5
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New Registered	Office Address:		Enter Florida street in	ditiess = =	
		Cu	· · · · · · · · · · · · · · · · · · ·	., Florida	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

To:

Fax Audit # H23000181305 3
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

12196804255

MGR = Manager AP = Authorized Person

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Michael Foster, President	411 Park Avenue - Suite 3	□Add
		Boca Grande, FL 33921	≡ Remove
			UChange
AP	Adriene Melvin, President	411 Park Avenue - Suite 3	∃∧dd
		Boca Grande, FL 33921	□Remove
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From: Jeson Weisler

Fax Audit # H23000181305 3

Sective date, if other than the date of filing: reflective date, if other than the date of filing: reflective 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 605,026 (ag. 17 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a runnent's effective date on the Department of State's records. second specifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of: (b). The 90th day after the is filed. May 16 2023 May 16 Signature of a member or authorized representative of a member.			
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