Florida Department of State

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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 SPANIARDS 70, LLC

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Spaniards 70, LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>1.22000011720</u>	y were filed on January 10, 2022	and assigned			
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 Liab	ility Company," the designation "LLC" or the ab	breviation "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 agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered			
Name of New Registered Agent:	 	<u></u>			
New Registered Office Address:	Enter Florada street address	=======================================			
	, Florida	 ej:			
	City	Zip C'630			
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>				

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

<u>Title</u>	Name	Address	Type of Action
AP	Michael Foster, President	411 Park Avenue - Suite 3	□∧dd
		Boca Grande, FL 33921	
			[]("hange
AP	Adriene Melvin, President	411 Park Avenue - Suite 3	≣ ∧dd
		Boca Grande, FL 33921	□Remove
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	ue is listed, the date r	must be specific and block does not m	cannot be prior to di neet the applicable	late of tiling or more t statutory filing re	(optional han 90 days after filin quirements, this day	l) g.) Pursuant to 605,0207 e will not be listed as
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fan effective dr Note: If the d document's el record specif	fective date on the				ne earlier of: (b) = 1	he 90th day after the
If an effective dr <u>Note:</u> If the d document's el e record specif rd is filed.	fective date on the				ne earlier of: (h) - 1	The 90th day after the
fan effective dr Note: If the d document's el e record specif ed is fîled.	fective date on the	May 16	an effective time,	at 12:01 a.m. on il		The 90th day after the
If an effective da <u>Note:</u> If the d document's el	fective date on the	May 16	an effective time,			The 90th day after the