

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
BINNACLE BEND 495, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
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Electronic Filing Menu Corporate Filing Menu

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T. LEMIEUX

MAY 16 2023

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2023 MAY 15 PM 1:59
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

2023 MAY 15 PM 3:22

Fax Audit # H23000179786 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Binnacle Bend 405, 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 January 12, 2022 and assigned Florida document number 1.22000014487.

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

Fax Audit # H23000179786 3

Fax Audit # H23000179786 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:

MGR = Manager

AP = Authorized Person

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|---------------------------|--|
| AP | Michael Foster, President | 411 Park Avenue - Suite 3 | <input type="checkbox"/> Add |
| | | Boca Grande, FL 33921 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AP | Adriene Melvin, President | 411 Park Avenue - Suite 3 | <input checked="" type="checkbox"/> Add |
| | | Boca Grande, FL 33921 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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Fax Audit # H23000179786 3

