To:

(((H23000181349 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WHITE/PETERMAN PROPERTIES, INC.

Account Number : I20210000047 : (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 GREEN DOLPHIN 260, LLC

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Fax Audit # H23000181349 3 ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

	OF	•	
ह Green D olphin 260, LLC		4a 3	ř
(Name of the Limited L (A F	iability Company as it now a lorida Limited Liability Comp	nnears on our records.)	"
The Articles of Organization for this Limited Liabil Torida document number 1.22000014470	lity Company were filed o	anuary 12, 2022	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	e limited liability compar	vy here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable Principal office address MUST BE A STREET A	<u> </u>	the designation "LLC" or the	ne abbreviation "L. L. C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX			
	Ann		
B. If amending the registered agent and/or registered and/or the new registered office address he		ur records, <u>enter the n</u>	name of the new regis
Name of New Registered Agent:			<
New Registered Office Address	Ente	r Florada street address	- P
-	Cuy	, Florida	Zip Code?
New Registered Agent's Signature, if changing Regis	stered Agent:		1 5

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

From: Jason Weisler

Fax Audit # H23000181349 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:

2023-05-16 11:13:34 CDT

MGR = Manager AP = Authorized Person

<u>Title</u>	Name	<u>Address</u>	Type of Action
AP	Michael Foster, President	41) Park Avenue - Suite 3	□∧dd
		Boca Grande, FL 33921	
			UChange
AP	Adriene Melvin, President	411 Park Avenue - Suite 3	⊒ ∧dd
		Boca Grande, FL 33921	□Remove
			☐ ☐ ☐ Change
			<u> </u>
			□Remove
			∏Change
			bbAU
			Remove
			☐ Change
			:∏Add
			□Remove
			☐ Change
			□ Add
			□Remove
			⊆Change

Fax Audit # H23000181349 3

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reffective <u>te:</u> If the	date is listed, the date must date inserted in this blo	be specific and cal ock does not mee	mot be prior to o t the applicabl	late of liling of mo e statutory filing	e than 90 days after requirements, this	tiling) Pursuant to 6 s date will not be li	05 020 st ed as
rument's	effective date on the De	partment of State	e's records.				
cord spe s filed.	ifies a delayed effective	date, but not an	effective time	, at 12:01 a.m. or	the earlier of: (h) The 90th day af	ter the
ed		May 16	2023				
		1/4					
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-		Signature of a men	nuci of authoriz	ed representative o	i a memoer		