

**622000179786**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

(((H23000179786 3)))



H230001797863ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED  
 2023 MAY 15 PM 1:59  
 DIVISION OF CORPORATIONS  
 FLORIDA

2023 MAY 15 PM 3:22

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 BINNACLE BEND 495, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Fax Audit # H23000179786 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Binnacle Hend 495, 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

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Fax Audit # H23000179786 3

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

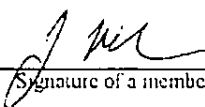
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective 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 505 0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed.

Dated                     May 15                    2023                    

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jason Weisler, Secretary of the Manager  
\_\_\_\_\_  
Typed or printed name of signee