To: 18506176383 From: 15615153904 Date: 06/28/23 Time: 1:57 PM Page: 01/05



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

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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 : LAW OFFICE OF PAUL A. KRASKER P.A. Account Number : 120090000078 Phone : (561)801-7312 Fax Number : (561)515-3904 ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*( BEELLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUPITER INLET MARINA, LLC Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$25.00

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JUN 29 2023

. To: 18506176383 From: 15615153904 Date: 06/28/23 Time: 1:57 PM Page: 02/05

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## **COVER LETTER**

FO: Registration Section Division of Corporations							
SUBJECT:		NLET MARINA, LLC					
JOBULCI.		Name of Lin	nited Liability Company	*****			
The enclose	d Articles of	Amendment and fee(s) are sub	unisted for filing.				
Picase retur	n all correspo	ondence concerning this matter	to the following:				
	PAUL A. KRASKER, ESQ.						
			Name of Person				
		THE LAW OFFICE OF P	AIH. A. KRASKER, P.A.				
			Firm/Company				
		1615 FORUM PLACE, 51	H FLOOR				
	Address						
		WEST PALM BEACH, F	L 33401				
		Admin@USAMulehlle.con	City/State and Zip Code				
		E-mail address: (	to be used for future annual re	port notification)			
For further i	nformation c	oncerning this matter, please c	all:				
Andrea Mur	phy Snowde	n	561 \$15-				
Name of Person			at () Area Code	Daytime Telephone Number			
Enclosed is:	a check for th	ne following amount:					
<b>525.0</b> 01	Filing Fec	(1) \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &			
	iling Addres		Street Add Registral				
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				

Tallahassee, FL 32314

4230002230663

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 August 12, 2011 and assign Florida document number  L11000093304  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 "LTC" or the abbreviation "LLC"  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 BON)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  The Company of the new registered office address on the new registered office address on the new registered agent and/or the new registered Agent:  Florida The Company of the new registered office address on the new registered address on the new registered office address here:	JUPITER INLET MARINA, LLC							
The Articles of Organization for this Limited Liability Company were filed on August 12, 2011 and assign Florida document number:  L11000093304  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 "TTC" 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)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida:  Florida:	( <u>Name of the Limited Liah</u> (A Fior	pility Company s rida Limited Liab	as it now a	npears on ou	r records.)			
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 "I I C" or the abbreviation "L.L.C".  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Cutter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Planta street address  Florida		: Company we	re filed o	n August 13	, 2011	<del></del>	_ and assi	gned
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تنه (ew Registered Agent's Signature, if changing Registered Agent:	w Registered Agent's Signature, if changing Register	red 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

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## 41230000003

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DEBROAH L. TAUBE	1095 N HIGHWAY A1A	QAdd
		JUPITER, FL 33477	
		-1-1-0	ÜChange
As. Secre	PATRICK KOENIG	505 S Flagler Drive, Suite 1010	
		West Paim Beach FL 33401	
As. Treas	GLENN E. STRAUB	505 S Flagler Drive, Suite 1010	
		West Palm Beach FL 33401	■ Remove
As. Treas	SCOTT A. JOHNSON	505 S Flagler Drive, Suite 1010	
		West Palm Beach FL 33401	
			DChange
As. Secre	RICHARD S. JOHNSON JR.	505 S Flagler Drive, Suite 1010	⊡Add
		West Palm Beach Fl, 33401	
		***************************************	
AMBR	Jupiter Lighthouse Ventures 2, LLC	505 S Flagler Drive	
		Suite 1010	□Remove
		West Palm Beach, FL 33401	ÜChange

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Effective date, if other than the fan effective date is listed, the date ma Note: If the date inserted in this b locument's effective date on the D	ock does not	meet the applic	able stannory	or more than 90 d filling requireme	_(optional) ays after tiling.) rus, this date	Persuant to 605,0207 will not be listed as
record specifies a delayed effective is filed.	e date, but no	ot an effective ti	me, at 12:01 a	i.m. on the earli	croft(b) The	: 90th day after the
Dated June 27		2023	<u></u> .			
				ative of a member		
	Signature of a	member or authorized	orized represent	ative of a member		

410.30002280603 Filing Fee: \$25.00