To: 18506176383 From: 15615153904 Date: 06/28/23 Time: 2:40 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.

(((H23000228061 3)))



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

the email address for this business entity to be used for future

பர்க்கு annual report mailings. Enter only one email address please.**

BSS LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INLET MARINA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

S. ROBERTS

Help

JUN 2 9 2023

To: 18506176383 From: 15615153904 Date: 06/28/23 Time: 2:40 PM Page: 02/05

41230002250613

COVER LETTER

	gistration S vision of Co			
SUBJECT:		ARINA, LLC		
SCHIECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are suf-	omitted for filing.	
Please return	ı all corresp	ondence concerning this matter	to the following:	
		PAUL A. KRASKER. ES	Q.	
			Name of Person	
		THE LAW OFFICE OF P	AUL A. KRASKER, P.A.	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1615 FORUM PLACE, ST	TH FLOOR	
			Address	
		WEST PALM BEACH, F	L 33401	
		*****	City/State and Zip Code	 -
		Admin@USAMulchlic.com		
		la-mail address: (to be used for future annual report not	itication)
For further in	aformation c	oncerning this matter, please e	all;	
Andrea Mur	phy Snowde	n	561 515-4722	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for t	ne following amount;		
麗 \$25,001	Tiling Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address:	ation	
Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

41230000000613

Tallahassee, FL 32303

To: 18506176383 From: 15615153904 Date: 06/28/23 Time: 2:40 PM Page: 03/05

H230002280613

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INLET MARINA, LLC		
(<u>Same of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinited Liability Company)	<u>(1s.)</u>
The Articles of Organization for this Limited Liability Con	npany were filed on JUNE 18, 2013	and assigned
florida document number L13000088607		_ contract to the contract to
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Lamited	d Liability Company," the designation "14.6	or the abbreviation "Eb.C."
inter new principal offices address, if applicable:	<u></u>	· :
Principal office address MUST BE A STREET ADDRE.		
		()
inter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,
	<u> </u>	
 If amending the registered agent and/or registered ogent and/or the new registered office address here: 	ffice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oeldres	:6
	Fic	orida
	Ciù	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 affice 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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H230003280613

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

Title	<u>Name</u>	Address	Type of Action
MGR	DEBORAH LOU TAUBE	13700 BLUE FON PLACE	🗀 Add
		PALM BEACH GARDENS, FL 33418	≅ Remove
			□Change
			Dadd
			DRemove
			□Change
			□Remove
			□Change
			□Add
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			[]Change
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		. 2004	CiChange
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			□Remove
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To: 18506176383 From: 15615153904 Date: 06/28/23 Time: 2:40 PM Page: 05/05

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Effective date, if other than the date of filing: (If an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pressant to 605,0207 i. Note: If the date inserted in his block does not need the applicable statutory. (Ifing requirements, this date will not be listed as 3 document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the cord is filed. Dated Dated Signature of a number: or authorized representative of a member.	D. If amending any other inform				
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-72-	the record specifics a delayed effection of the filed.	ve date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) T	the 90th day after the
-72-	Dated June 27	2023	·		
Signature of a member or authorized representative of a member					
	****	Signature of a member or out	horized representative	of a member	
		Typed or prin	nted name of signee		

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Filing Fee: \$25.00