L13000174860

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400410566294



COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	W. MATTHEW KEARCE	<u>:</u>		
		Name of Person		
	PIGOTT, PIGOTT & KE	ARCE, P.A.		
		Firm/Company		
	4600 MILITARY TRAIL.	STE 201		
	· ·	Address		
	JUPITER, FL 33458			
		City/State and Zip Code		
	prw1318@gmail.com E-mail address; (to be used for future annual report no	otification)	
or further information co	oncerning this matter, please c	·	·	
Matt Kearce		at (561) 842-4922		
Name of Person		at (561) 842-4922 Area Code) Dayti	me Telephone Number	
inclosed is a check for th	e following amount:			
■ \$25,00 Filing 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 S		Street Address:	action	
Registration Section Division of Corporations		Registration Section Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 JUN 15 PH 1: 36

INLET REEF APARTMENTS, 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 L	Liability Company were filed on	12/18/2013	and assign e d
Florida document number L13000174860			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			 -
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or	registered office address on our	r records, enter the name	e of the new registered
agent and/or the new registered office addre		<u></u>	
	BALL NUCLAUS		
Name of New Registered Agent:	PAUL WEIMER		
New Registered Office Address:	960 NE 95TH STREET		<u> </u>
	Enter I	lorida street address	
	MIAMI SHORES	, Florida ³³	38
	City		Zip Code

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 thew Registered Agent

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
AMBR	Irina Konstantinov	960 NE 95th Street, Miami Shores, FL 33138	= Add
			□Remov e
			☐ Change
			□Add
			Remove
		-	□Change
			□Add
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Signature of a member or authorized representative of a member		ignature of a memb	er or authorized re	prosentative of a me	ember	
		/		/		