## L15000012666

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SECRETARY OF STATE
TALLAHASSEEF FOR DETAIL

## **COVER LETTER**

	Registration Sec Division of Corp						
SUBTEC	Inlet 5, LL	.C					
Name of Limited Liability Company							
The enclo	sed Articles of A	mendment and fee(s) are subr	nitted for filing.				
Please ret	urn all correspon	dence concerning this matter t	to the following:				
		Amanda Hampel					
			Name of Person				
			Firm/Company				
	161 E. Shallows Drive						
			Address				
	Santa Rosa Beach, FL 32459						
			City/State and Zip Code				
		ca@lfholdings.us					
<b></b>		·	o be used for future annual report notific	cation)			
For furthe	r information co	ncerning this matter, please ca	ıll:				
Amand	a Hampel		865 604-6369				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for the	following amount:					
\$25.0	0 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inlet 5, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L15000012060				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable: 161 E. Shallows Drive				
(Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach, FL 32459			
Enter new mailing address, if applicable:	161 E. Shallows Drive			
(Mailing address MAY BE A POST OFFICE BOX)	Santa Rosa Beach, FL 32459			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
Name of New Registered Agent:	75 75 20			
New Registered Office Address:	AN 2			
	Enter Florida street address Florida			
	City Cotte			
New Registered Agent's Signature, if changing Registered Agent:	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, 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
<del></del>			□ Add
			Remove
			Remove
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			Remove
			Remove  15  AN  26  Add  Remove  00  Remove
			Add (
			00 400 
			Add
•			☐ Remove

D.	If amen	ding any other infor	mation, enter change(s) here: (Attach addition	onal sheets, if necessary.)
	_	, ,		<del></del>
	<del></del>			
	_			
			the date of filing: cannot be prior to date of receipt or filed date and cannot be Florida Department of State)	(optional) be more than 90 days after
	Dated _	January 23	2015	
		Arnold	Lackett	
			Signature of a member or authorized representative	e of a member
		Arnold Tackett		
		-	Typed or printed name of signee	<u> </u>

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Filing Fee: \$25.00

# OF OWN SENSOR